

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

Demand for EHC training exceeds expectations

Princess Royal made honorary member as RPSiS turns 150

Enhancing sales on all pharmacy fronts

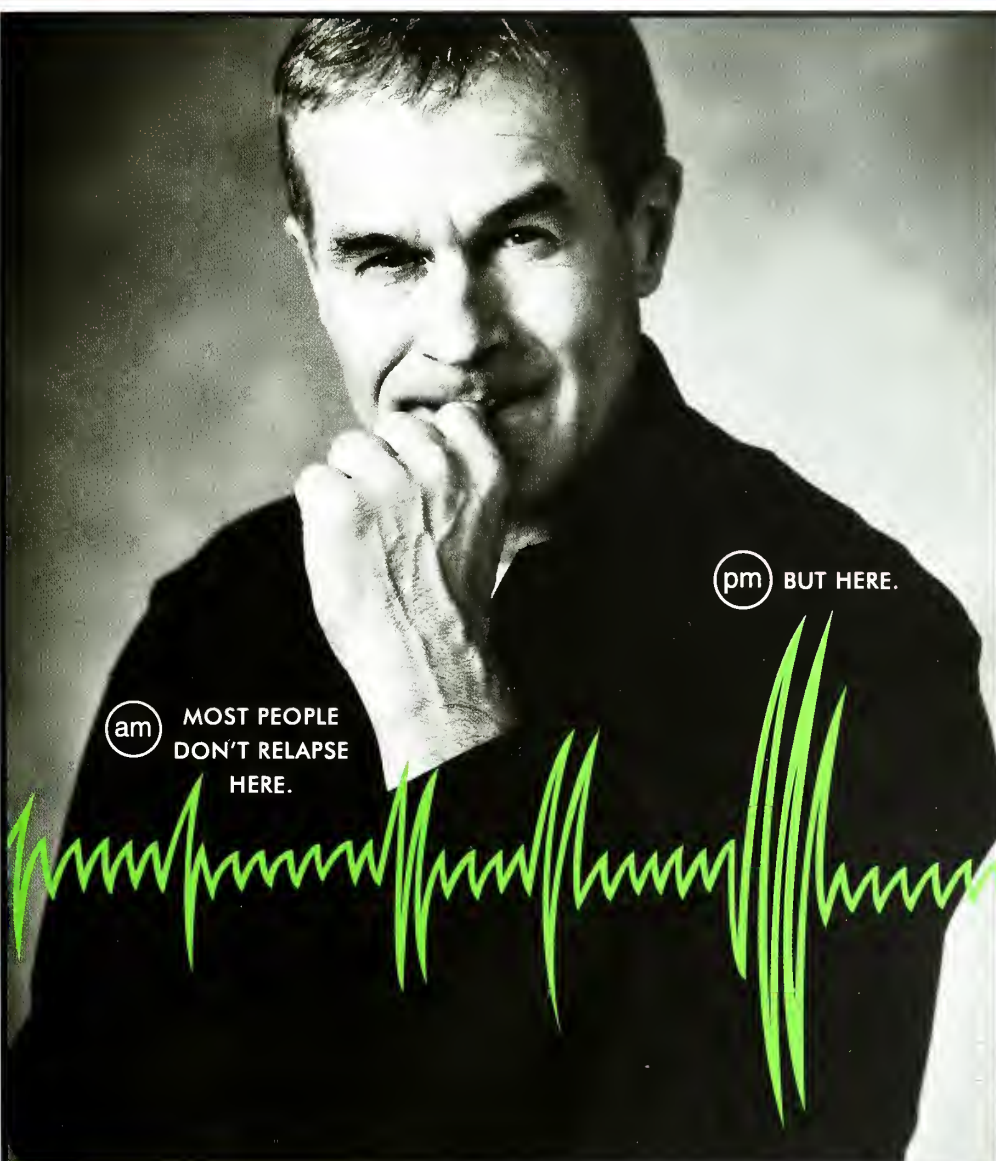
Hopes for hospital pharmacy in the NHS programme

New B2B web site for generics and PIs



Looking after kids' health is child's play

Online at <http://www.dotpharmacy.com/>

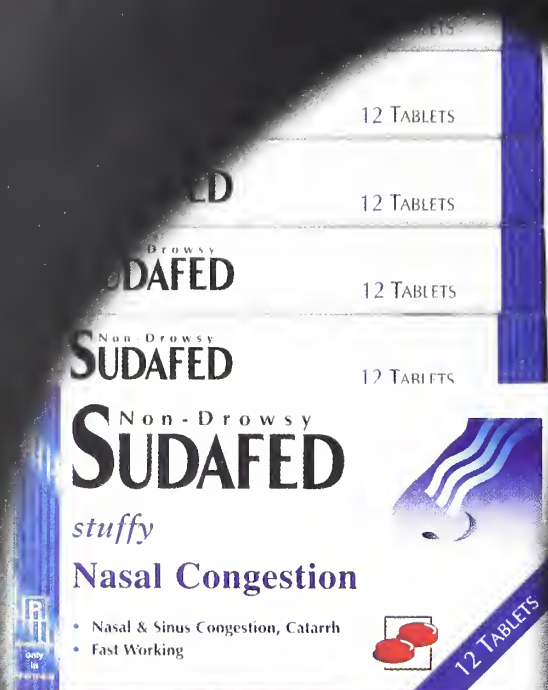


Studies show smokers are most likely to relapse around tea-time rather than early morning¹. And as the day wears on this is when smokers need help most. Nicorette is the only patch specifically designed to work for 16 hours. It not only keeps strong tea-time cravings under control but leaves smokers nicotine-free at night, so there's less chance of sleep disturbance.² So when regular smokers need continuous craving relief recommend Nicorette 16 hour patch.

Abbreviated Product Information: Nicorette patch is for use in nicotine dependence and symptom relief in smoking cessation.
Legal category: [P] **Date of Preparation:** July 2000. Further information is available from Pharmacia Ltd, Davy Avenue, Milton Keynes, MK5 8PH, UK. Tel. 01908 661101. **References:** 1. Fagerström KO, Sachs DPL. Medical management of tobacco dependence: a critical review of nicotine skin patches. *Curr Pulmonology* 1995; 16: 223-38. 2. Fagerström KO, Sawe U. The pathophysiology of nicotine dependence: treatment options and the cardiovascular safety of nicotine. 1996; 6(3): 125-143.

NICORETTE
 contains nicotine
 16 hour Patch

CONTINUOUS RELIEF WHEN THEY NEED IT MOST



Paracetamol, Phenylephrine, Caffeine.

We're looking at Nasal Health in a whole new way.

From the inside out.

Sudafed is about to make its TV debut with advertising that looks at nasal congestion in a completely different way. The three month national campaign also introduces new Sudafed Dual Relief, for congestion and the sinus pain that it can cause. To help build the importance of good nasal health and confirm Sudafed's status as doctors', pharmacists' and counter assistants' favourite decongestant brand, we're also launching an educational campaign with a new CD-ROM training package, available through your Territory Manager. So, if you want your customers' noses to be clear, there's a clear choice.

Presentation: Capsule containing Paracetamol 300mg, Phenylephrine 5mg and Caffeine 25mg. Uses: relief of cold and flu symptoms. Dosage: adults: 2 capsules every 4-6 hours, max 12 per day 24 hours. Children 6-12 years: 1 capsule every 4-6 hours, max 6 per day. Contra-indications: Hypersensitivity, concurrent use of antidepressants, hypertension, hyperthyroidism, prostaglandin synthetase inhibitors, glaucoma, cardiac disease and pregnancy. Precautions: Caution in hepatic or renal impairment and alcohol dependence. Side effects: Rarely hypersensitivity, hypertension, headache, dizziness, nausea. Price (ex VAT): 16s: £2.37, 32s: £3.91. Legal category: 16s: GSL, 32s: P. PL holder: Wrafton Laboratories, Braintree, N.Devon, EX33 2DL. Further information is available from Warner Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZQ. PL number: 12063/0003. Date: October 2000.

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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REGULARS

News	4	Business News	28
Hospital Report	7	Coming Events	29
Topical Reflections	7	Classified Advertisements	30
Medical Matters	8	Business Link	33
Counterpoints	10	People	34

COMMENT

There is an argument that pharmacy practice as it has evolved under the NHS has led community pharmacists into an economic cul de sac. Tied to a 'fee for service' system of payment, pharmacists have been unable to break the yoke of the dispensing fee. Despite pharmacists' protestations that they could do more for the nation's health there has been little incentive to shift the majority in the direction envisaged by leading edge practitioners and grander visions like 'Pharmacy in a New Age'. But quickened by the political environment, economic factors, and not a little pressure from various pharmaceutical bodies, the stage has been for something of a culture shock for community pharmacy. The various elements to precipitate this culture shock are all in place, a final piece of the jigsaw being the Health & Social Security Bill unveiled just before Christmas. Since much of what the Government wants from the sector (in Great Britain, at least) is now well flagged up, it is now a matter of sticking to the profession's agenda and ironing out the wrinkles. If only it were that simple! The unknowns on the road ahead are too many and varied for anyone to feel comfortable with the changes looming, even though they may support the general thrust. The outcome of the RPM hearing is unknown (from a health policy perspective it is becoming increasingly obvious the OFT should never have dragged the issue to court), and so is the result of the anticipated general election. The details of the new 'pharmacy contract' for England and Wales, promised by Lord Hunt, have yet to be unveiled, and there is much flesh to be put on the bones of the Scottish NHS plan. This year is when all this - and more - is scheduled to happen. Will 2001 be the year when the mould which has shaped community pharmacy practice for the past 50 years is cracked - permanently?

High demand for EHC training 4

Demand from pharmacists exceeds all expectations

RPSiS honours Princess Royal 5

In its 150th year, the RPSiS makes the Princess an honorary member

Control of entry changes could be 'dangerous' 6

Stephen Axon of the PSNC warns that revision of the regulations could destroy the existing infrastructure

News from Germany 14

A shock election result meant change at the head of a major pharmaceutical body, but plans for electronic transfer of prescriptions have taken shape

Children's health: fit for the future 17

A look at the diagnosis and treatment of autism and how a healthy childhood leads to a healthy future

NHS Plan: what hopes for hospital pharmacy? 22

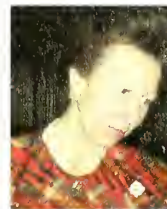
Major changes are ahead, but how will they fare as services are cut back and staff suffer burn-out?

Enhancing sales on all fronts 24

The first of a three-part series by Kirit Patel, on the principles of financial planning management

Firm legal format for pharmacy 26

John McQueen examines the different types of legal entity available for businesses



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ABC



Healthy gains for Nutricia 27

Nutricia plans to become a leading player in the VMS market, says marketing director Richard Davies

New B2B web site for generics/parallel imports 28

Indiemed.com to launch its trading platform for manufacturers and wholesalers of generics/Pis

Agency scheme for SmithKline Beecham products? 29

GlaxoSmithKline to consult on extending the Glaxo Wellcome agency scheme to ex-SB ethicals

Thirty Brighton pharmacists to supply Relenza

Thirty pharmacists in Brighton and Hove have been trained by the primary care group to supply Relenza (zanamivir) under patient group directions. Following strict guidance from NICE, the supply will only be permitted when GP consultations for flu exceed 50 per 100,000 population per week.

Each pharmacist has attended a training session where using a triage flow chart and the legal constraints of supply via PGDs were explained.

The PCG will reimburse the cost of the drug (minus discount) and a consultation fee, yet to be confirmed. If a certain level in the consultation process is reached, the consultation fee will be paid even if the patient does not receive Relenza.

Pharmacists must make a record of the consultation and send a copy to the patient's GP within 48 hours, and to the PCG within a week if the drug is supplied. Patients must also sign the document to confirm that they understand that they have been supplied a prescription-only medicine by a pharmacist, who has been through the consultation process.

Only trained pharmacists are allowed to supply the treatment and patients will have to pay the prescription charge unless they are exempt.

The PCG will be running a campaign to inform the public that Relenza is available from pharmacies, but is still unsure of how to approach the problem of the trained pharmacist not always being on the premises.

Look out for this month's Update question paper

Enclosed in this week's issue is the questionnaire for Pharmacy Update modules carried in December.

- Water-soluble vitamins (1184)
- Constipation (1185)
- Influenza (1186).

Pharmacy Update is a distance learning programme accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service on 0891 444791 (premium rates apply).

Internet users can catch up by accessing the datpharmacy site (<http://www.datpharmacy.com>). The Pharmacy Update multiple choice questionnaire and telephone marking service are supported by Genus Pharmaceuticals.



Surprise demand for EHC

Demand for courses on emergency hormonal contraception has exceeded expectations. The Centre for Pharmacy Postgraduate Education in Manchester is facing a constant stream of requests from pharmacists and the initial workshops are oversubscribed.

CPPE director Dr Peter Wilson said: "All our staff are making a huge effort to accommodate everyone and we are organising additional workshops to keep up with the demand."

Where practical, the CPPE would try to enable all pharmacists who wanted to attend a workshop to do so, Dr Wilson said. This, though, is only part of the training effort: by the end of January, all pharmacists in the UK will have received the CPPE's distance learning pack. The pack is being sent to all pharmacists as it is impossible to single out those likely to sell Levonelle.

In Scotland, a five-hour live course in Stirling attracted 74 pharmacists, and emergency contraception is among the subjects being covered in new product evenings that run until the end of March.

The Scottish CPPE's director, Rosemary Parr, told C&D: "The courses have certainly been welcomed."

In Northern Ireland, information about EHC will be included in nine courses on new pharmaceutical products which the NI Centre for Postgraduate Pharmaceutical Education and Training is running from January 23 to March 20. Education facilitator Heather Bell told C&D she could not judge the level of interest as pharmacists do not need to book in advance.

In Wales, 190 pharmacists (one for

every five pharmacies) took part last year in the Welsh CPPE's courses on contraception, which emphasised EHC. More specific EHC courses are being held from now until March, including one in Bridgend focusing on patient group directions and another using a theatre group in role play looking at communication skills. A news page is accessible on the WCPPE web site: <http://www.cf.ac.uk/phrmy/WCPPE/news.html>.

Press interest in Levonelle continues. The national newspapers reported that, in a bid to reduce teenage pregnancies, girls as young as 11 will be able to obtain the 'morning after pill' from school nurses, without parental permission. The drug is being dispensed at six schools in Oxfordshire and Derbyshire, and 12 schools in East Kent and Oxfordshire are preparing to follow.

The *Daily Telegraph* reported that the anti-abortion organisation, 'Life', is delivering letters to pharmacies warning that they face legal action if they sell EHC to women who then experience serious side effects. The letter urges pharmacists not to distribute the product.

But the Royal Pharmaceutical Society believes that if pharmacists follow its guidance on EHC, which includes the advice to give patients and when not to supply Levonelle, there should be no problem.

On Tuesday the *Daily Mail* carried a feature on 'The disturbing truth about the morning after pill', in which a 24-year-old woman described how 'taking this tablet was a nightmare'. She took

EHC twice as a teenager (presumably PC4) and suffered nausea, vomiting, severe stomach cramps, blinding headaches and a fever. She was bedridden for days and it took six months for her menstrual cycle to return to normal.

In a section on 'Who is making a profit?' the article says that, while pharmacists have been accused of profiteering from plans to sell EHC over the counter, "they have justified it because they will all need special training to sell it". The Royal Pharmaceutical Society's Roger Odd is quoted as saying that less than £6 will go to the pharmacist for the extra time taken to ask the necessary questions and make sure the patient understands how to take the medicine.

Schering Health Care's official launch date for Levonelle (Pharmacy status) is still January 30, although the product is being distributed to wholesalers now. Boots pharmacies should be able to sell the product from January 15, as its pharmacists have already been trained. UniChem has supplies available now and AAH will have supplies on January 17.

● NPA members have been phoning in for advice after receiving letters about EHC from the pro-life lobby or visits in their pharmacies from pro-lifers. As a result, the NPA has posted its policy statement regarding EHC and advice on how to respond to approaches by the pro-life movement on the NPAnet. This can be accessed at www.npanet.co.uk. Members requiring a password for the site should contact the NPA on 01727 858687.

'Friendly' pharmacies to promote emergency contraception

Pharmacists in Wales will be included in a national campaign aimed at promoting awareness of all forms of emergency contraception among young women.

The campaign aims to make services more user-friendly by removing some of the barriers that prevent young women from seeking advice on emergency contraception. Factors include perceived inaccessibility of services and fear of a lack of confidentiality or judgmental attitudes from health providers.

All health professionals will receive an information pack which includes the latest clinical guidelines on emergency contraception and information about making services more user-friendly.

A fax-back form is included in the pack so that pharmacists can register their service if they believe it is 'approachable'. The criteria for a

Caught out... sort it out

Emergency Contraception

Available here

Paid a phendroni... cyngor amdani

Dulliau atal Cenhedlu brys

Ar gael yma

friendly service listed in the pack include:

- a willingness to provide emergency contraceptive services to teenagers (not to under 16s for pharmacists)
- non-judgmental attitude of staff towards young people
- respect for young people's anxieties about confidentiality, particularly those who are under 16
- sympathetic discussion of appropriate long-term contraceptive needs, including information and advice on the prevention of sexually-transmitted infections.

Pharmacies will then receive a stick-

er to display in their window which advertises their non-judgmental approach to young people.

When the public campaign is launched on February 14 a telephone helpline will also advise people of those professionals registered as providing friendly and confidential services.

The campaign will be advertised to young people via credit-card sized information, phone cards and bus ticket advertising.

Pharmacists who have not yet received a pack should phone Quadrant Public Relations on 029 20 237333.

'Pharmacists can advise patients'

Primary care pharmacists could extend their role to advising patients on medication issues, while continuing to provide prescribing advice to GPs, a study has found. Patients were willing to discuss their medications in detail with the pharmacists, and the pharmacists, who were not normally involved in dispensing, experienced few problems.

"Pharmacist consultations within primary care are a feasible extension of their current role as prescribing budget advisors," the study's authors conclude.

Primary care pharmacists advising patients would also be able to feed back information to the other members of the primary healthcare team, which would be useful for a better understanding of the patient's perspective, say the authors.

The study monitored 25 patient-pharmacist consultations in both GP surgeries and patients' homes. The dialogue was audio-taped, transcribed and analysed qualitatively. Patients were referred by the GPs or self-referred.

J Chen and N Britten, Family Practice, Dec 2000, Vol 17, No 6, pp 480-483.

Walk-in centres criticised by Which?

The new NHS walk-in centres are failing to assess patients correctly at reception. Nor do they communicate the details of visits to patients' GPs, according to an undercover survey published by *Which?* this month.

Three researchers posing as patients each visited eight walk-in centres. Bob was a 55-year-old man with worsening angina who requested a repeat prescription for his angina 'pain-relief' spray. Richard was taking Prozac and has recently been prescribed a beta-blocker to control panic attacks - he wanted something to stop a wheezy cough; and Helen, a young lady taking Tegretol, suffered from migraines.

At five out of the eight centres Bob visited, the reception staff failed to spot his worsening condition and did not offer him a consultation. Only one walk-in centre made the correct link between Richard's cough and his beta-blocker. Two centres failed to ask if he was on any medication and the remainder found out what he was taking but did not link it with the cough.

Helen had been avoiding her follow-up for her epilepsy for three years - this was discovered by only one cen-

tre. Two centres provided her with written advice on managing migraine.

In only one case was a 'patient' given a letter to take to their GP; otherwise the GPs did not receive any information from the walk-in centres about the patients' consultations.

The Department of Health said that since July, when the research was carried out and many centres had just opened, they have received guidance on communication with GPs and clinical governance and have received more decision-support software. The walk-in centres will also be evaluated by the DoH using a large-scale 'mystery shopper' survey. An expert invited by the department to study the *Which?* research criticised the small study for its 'methodological weakness'.

The Government spent £31 million setting up walk-in centres in 36 locations last year. Most are open from 7am to 10pm every day of the week and offer healthcare advice and treatment to patients without an appointment.

● The General Practitioners' Committee of the British Medical Association wants walk-in centres halted until a full evaluation of their care and cost-effectiveness has been carried out.

IN BRIEF

NCSO endorsements

The Department of Health and the National Assembly for Wales have agreed to allow NCSO endorsements for the following items for January prescriptions: clomiphene tablets 50mg; co-triamterzide tablets 50/25.

CFC-free salbutamol on FP10s

Due to the declining availability of CFC-free salbutamol inhalers, the Department of Health and the National Assembly for Wales have agreed that prescriptions for salbutamol inhaler (100 mcg, 200 doses) will be reimbursed at the Drug Tariff price for the CFC-free version with effect from December 2000 prescriptions. The CFC-free version is now in category A, currently 194p, also with effect from December 2000 prescriptions. The DoH says that this change in payment does not affect what can be dispensed. Prescriptions for salbutamol inhalers may still be filled with CFC-containing inhalers where patients have not already transferred to CFC-free inhalers.

Princess made honorary RPSiS member

The Princess Royal has been made an honorary member of the Royal Pharmaceutical Society at a dinner to celebrate the 150th anniversary of the Society in Scotland. The occasion also highlighted the relationship between the Princess Royal Trust for Carers and the Society in Scotland.

During the evening, held at Holyrood Palace, Edinburgh, RPSGB president Christine Glover paid tribute to the Princess's work with Save the Children and presented the Princess Royal with a framed certificate to mark the Princess's election as an Honorary Fellow of the Society. She told the Princess Royal that it was the highest honour the Society could bestow on a non-member and had been conferred on only 14 previous occasions.

The Princess Royal said that although she was delighted with the Trust's progress in supporting carers, particularly the opening of nearly a hundred carers' centres (including 22 in Scotland), she was concerned by an unspecified number of people whom she called 'hidden carers'. Many of these people worked in isolation and did not come forward and seek help.

The Princess suggested that the country's 30,000 community pharmacists were well placed to assist in identifying carers who fell into this group. Close co-operation between GPs and pharmacists was important to ensure that support was made available

before the carers' own health suffered.

Her Royal Highness said that pharmacists were the friendly faces carers needed to help them cope. She thanked the Royal Pharmaceutical Society for its ongoing support of the Trust and for the honour of awarding her an Honorary Fellowship.

Alison Strath, chairman RPSGB Scottish Executive, told guests that nearly 600,000 people visited Scottish community pharmacies daily, more than any other health profession. The profession was therefore at the heart of the local community structure. It

sought to assist the 'walking wounded' and 'worried well' as well as the most vulnerable, on a daily basis.

Carers were frequent visitors, many on a daily basis, and this offered an opportunity for community pharmacists to contribute positively to their welfare in a wide range of ways.

Ms Strath assured the Princess Royal that she and her colleagues would continue to work in local communities, in hospitals and in research and education, to provide the highest standards of pharmaceutical care in Scotland while at the same time sup-

porting the Trust in its vital role of supporting carers.

The Scottish Minister for Health, Susan Deacon MSP said that she was impressed by the enthusiasm and support the Royal Pharmaceutical Society in Scotland had displayed in helping shape the plan for the Scottish NHS.

She emphasised the importance of ensuring that carers were properly supported. Both the Scottish Executive and the UK Government were committed to providing support over a wide range of issues.

The Minister acknowledged that pharmacists were doing their part to assist and looked forward to continuing co-operation in the future.

The Princess Royal Trust for Carers

In 1991, HRH The Princess Royal launched The Princess Royal Trust for Carers to provide practical assistance for carers. Becoming a carer is often thrust upon one by a sudden illness or a serious accident. Many carers may also be patients requiring attention. Almost half the UK's 6 million carers spend between 20 and 50 hours a week on voluntary caring duties.

The Trust has facilitated the opening of 88 carers' support centres throughout the UK funded in partnership with statutory bodies. The centres are managed by a local voluntary organisation and provide a range of support services.



RPSGB Scottish Executive chairman Alison Strath (left), HRH the Princess Royal and RPSGB president Christine Glover discuss the certificate of honorary membership presented to the Princess

Ibogaine use on the increase among addicts

Heroin and cocaine addicts are turning to the hallucinogenic drug ibogaine to help cure their addiction, according to a report in *The Observer* last weekend.

The drug is said to enable people to re-evaluate life experiences and understand the reasons why they drifted into drug abuse, but there are concerns about its safety and the risk of overdose. The report says many users are taking the drug in their own homes under the supervision of friends or other addicts.

According to 'Martindale - the complete drug reference', ibogaine is an indole alkaloid extracted from the West African shrub *Tabernanthe iboga*, and has been investigated as an aid to withdrawal from drug addiction. But it does not appear to be widely used in mainstream treatment.

Spokespersons from the National Addiction Centre, based at the Maudsley Hospital's Institute of Psychiatry, south London, were unaware of its use in standard services. A herbal product, it is classed as a food and not licensed as a medicine.

Doctors to get new body to monitor performance

Pharmacy could be among the health professions monitored by the single, central body, announced by the Government this week.

The National Clinical Assessment Authority, which will provide a fast response to concerns about doctors' performance, will begin work on April 1. However, the Government says: "We will monitor the outcome of the NCAA closely and consider the applicability and cost-effectiveness of this approach for other health professions."

The NCAA, a Special Health Authority, will only monitor doctors to begin with as this is where the stakes of poor performance are usually highest.

Working in parallel with the Commission for Health Improvement, the NCAA will ensure all NHS doctors get the right support and training to provide the safest treatment for patients.

Jane Wesson will chair the NCAA. She was previously chairman of Harrogate Healthcare NHS Trust.

The Department of Health also announced the publication of a new report, 'Assuring the Quality of Medical Practice', details of which can be found at www.doh.gov.uk/assuringquality

Warning given about changes

Plans in the Health and Social Care Bill for changes to the control of entry regulations have been branded as "dangerous".

Stephen Axon, secretary general of the Pharmaceutical Services Negotiating Committee, said that revision of the control of entry regulations is mentioned in several parts of the Bill. "It's a dangerous thing to suspend a piece of legislation that has been tried and tested over time," he said. "What will worry PSNC is whether due account will be taken of the existing providers of services before a health authority goes for a local pharmaceutical service (LPS). You cannot know what will happen until it happens - you could destroy the infrastructure that exists already."

PSNC has asked for safeguards to ensure that HAS take account of existing contractors and service providers. While acknowledging that there could be occasions when it might be appropriate to look to new LPS providers, Mr Axon believes these will be few and far between.

He also believes that if HAS had to list all practitioners it would be a gargantuan task and would require the practitioner's registration number. "To a certain extent, it's providing a life-long practice certificate for working with a health authority, but it's a very clumsy mechanism," he said. "The intention is that people are on a list so that they can be taken off it. But to be taken off the list of the NHS, you will have to have a custodial sentence or to have murdered someone." In comparison, removal from the RPSGB's register can be done for professional failings, not necessarily criminal.

Mr Axon also has concerns about representation. With new individuals able to provide LPS without providing general pharmaceutical services (GPS) competing with existing contractors, he asked who would be representing pharmacists. As LPS schemes need not

involve the local pharmaceutical committee, he said pharmacy service providers would have to decide whether they wanted a free for all at a local level or some discipline, appointing a representative negotiating body.

"As far as community pharmacy is concerned it may be better to have some solidarity in an LPC. There's great opportunity for LPCs here. They should be looking to expand into LPS, which means that the people who provide LPS need to be represented on LPCs - otherwise there will be fighting."

Mr Axon believes that much of what has been set out in the Bill will remain in the Act. In particular, he says that there should not be too much opposition to LPS as it is similar to the Tory policy of personal medical services introduced under the Primary Care Act of 1997.

The key difference between PMS and LPS schemes would be that PMS schemes are practitioner led, but LPS schemes would be HA led. In addition, LPS schemes would be subject to review. So for those people providing LPS without GPS, they would not necessarily be able to guarantee that they will be allowed to continue to provide pharmacy services to the NHS.

PSNC has met with the DoH once already and will be meeting with the minister. PSNC was also reviewing the Bill at its meeting this week.

National Pharmaceutical director John D'Arcy suggested that the Bill should be interpreted by means of what has already appeared in the NHS Plan and the 'Pharmacy in the Future' programme.

Given the proposals outlined in these documents, he said there had to be some regulatory changes, such as the relaxation of the control of entry regulations, extending prescribing rights and legitimising e-pharmacies. However, he echoed Mr Axon's view

that it is important to concentrate on what has already been shown to work, "and that's the pharmacy network and infrastructure", he said. "We want to be careful we do not throw the baby out with the bath water."

"We need to accept we are going into the unknown and that there are a lot of opportunities, and to balance the two together."

For example, he said it was important that a single centralised provider should not be allowed to dominate in remote supply such as internet dispensing services. "The onus on pharmacy is to win the case based on reasoned argument," he said. "We must look at the core business we have of users of pharmacy - the elderly and young families."

For pharmacist prescribing, he said the 'Pharmacy in the Future' programme makes it clear that it is only those pharmacists with appropriate skills who will be able to prescribe.

The NPA Board will look at the Bill at its meeting next Tuesday. However, Mr D'Arcy said that the NPA wants to make sure that the Bill is aligned to the needs to its members. The prospect of new providers of pharmacy services in the community could mean that the NPA has to reconsider its membership requirements if it is to continue to represent community pharmacy.

Although the Government with its majority could push through the Bill, Mr D'Arcy felt that it is still open to suggestion, saying that it would be much better for the Government to take everyone with it.

Permanent ban is sought for Aristolochia

The Medicines Control Agency wants to have *Aristolochia* banned permanently from unlicensed medicines.

MCA consultation letter, MLX 270, says a new Order would make permanent the existing provisions of The medicines (*Aristolochia* and *Mu Tong* etc) (Temporary Prohibition) Order 2000 (SI 2000/1368).

The new Order would come into force on July 1 when the temporary order expires.

The Order would prohibit the sale, supply or importation of unlicensed medicines for human use consisting of or containing any species of the genus *Aristolochia* which may otherwise be presented as consisting of or containing *Mu Tong* or *Fangji*.

Comments should be sent to Joy Gay, Room 16/133, Market Towers, 1 Nine Elms Lane, London SW8 5NQ to arrive by March 16.

No flu crisis - yet?

Fears of a flu 'crisis' have yet to be realised as the incidence of flu is still below the normal seasonal level.

As C&D went to press the latest figures available from the Public Health Laboratory Service showed GP consultation rates for flu and flu-like illnesses are still below baseline levels in England, Wales and Scotland. Rates in Northern Ireland appear to be low, although no baseline level has been established in the Province yet.

In England, GP consultations for the week ending January 7 were 35 per 100,000 population per week, up from 17 per 100,000 the week before. A spokesperson for PHLS had expected levels to rise because they were so

low. The figure also means that patient group directions for Relenza will not be needed for at least another week.

The PHLS spokesman said reporting during the Christmas period is always distorted as people have difficulty getting to the doctor during that time.

Baseline activity is defined as less than 50 GP consultations per 100,000, normal seasonal level is 50-200, higher than average is 200-400 and epidemic levels are more than 400 per 100,000 population.

The latest information on flu is available at the PHLS web site at www.phls.co.uk/facts/influenza

● The 'Cough, cold and flu forecast' on p10 has shown a fall this week.

Will all be well with nurse prescribing?

The latest missive to come my way from the Scottish Executive is the consultation paper on extending nurse prescribing. Together with the options for extending the nurses' formulary, there are some more radical options – allowing nurses to prescribe all GSL, P and licensed POMs, with or without a blacklist of non-prescribable items.

The whole tone of the letter gives the impression that although patient safety is 'paramount' the government wants the system to be as easy to implement as possible, and if giving nurses the right to prescribe whatever they want is the simplest way forward, then let's go for it!

"The Government wants the system to be as easy to implement as possible"

Fine! Presumably nurses will be writing prescriptions and the items will be dispensed by pharmacists. How happy will my community colleagues be with sharing responsibility for these prescriptions? How comfortable would I be in a similar position? In some cases I would be distinctly uncomfortable! There are many medicine administration errors logged in hospitals over a year. Many are not logged because the error is deemed too trivial. However, if medicines administration can be so error prone at times, how much more so will be prescribing?

I know there are many nurses who are extremely concerned about the possibility of being able to prescribe. In most cases, these are the ones in whom I would have most confidence. They are aware of their limitations. The ones that frighten me are those who think they know it all and cannot wait to prescribe.

There is even discussion about the prescribing of licensed medicines beyond their licensed indications or doses! I would take a lot of convincing that a nurse's training was rigorous and effective enough before I would be prepared to dispense an item outside its licence.

Why extend nurse prescribing? Is access to prescribed medicines really too inconvenient for patients at the moment? Would they see any major benefits? Where is the evidence of a problem and of the benefits of nurse prescribing?

Contributed by a senior hospital pharmacist

Xrayser

Topical Reflections

Where Scotland leaves England and Wales behind

There is a long way to go before the NHS Plan for Scotland delivers the pharmaceutical care model that Alison Strath, chairman of the Royal Pharmaceutical Society in Scotland, envisages (*C&D* January 6, p18).

However, once again, in terms of clarity of purpose, pharmacists north of the border seem to be streets ahead of their southern counterparts.

This may be partly the fault of the NHS Executive still employing the techniques of divide and conquer, but it is also a function of divisiveness in our own ranks. Scottish pharmacists have united to present a common front to their political masters and have suggested realistic ambitions that address real patient need identified by sound research.

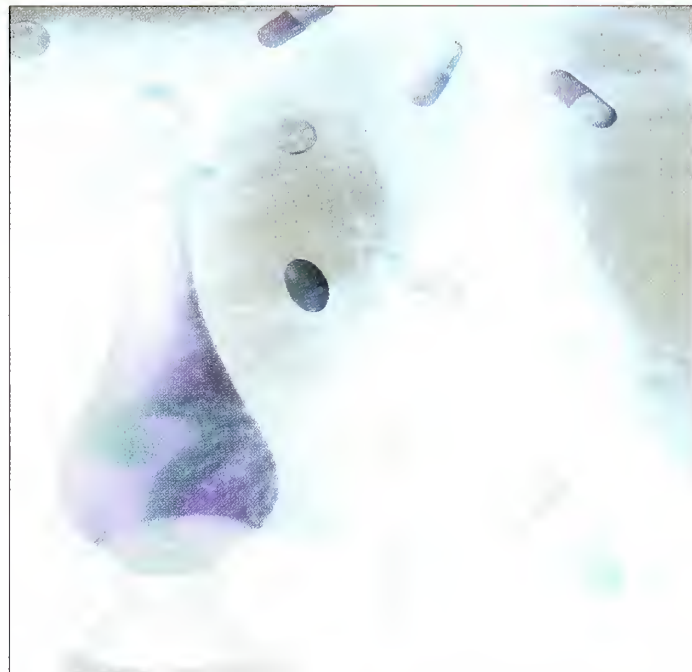
The result is an upbeat message from Alison that soon Scottish pharmacists could be responsible for repeat medication, involved in medication review and therapeutic monitoring and prescribe for minor ailments.

These are attainable goals sustained by an enthusiastic Scottish Executive. This is a far cry from the combative priorities in England and Wales where walk-in centres, e-pharmacy and local pharmaceutical services dominate the political agenda. In that type of environment co-operative initiatives, as outlined by Alison for Scotland, could easily be subsumed by the self-interested battle for competitive advantage.

Caught out by PIL

I recently ended up with egg on my face when advising a strict vegetarian on suitable medication. I was asked for a non-gelatin presentation of phenytoin and immediately assumed that tablets would be a suitable alternative to capsules, assuming that there were no issues around bio-equivalence.

I had missed the point! The patient was already taking tablets and the



patient information leaflet included with the medication listed gelatin as one of the ingredients of the sugar coating. When he had been dispensed phenytoin from bulk packs he had been none the wiser, but now he was more enlightened he sought my advice.

Unfortunately, I could be of little help since I have only ever used APS as a source of phenytoin tablets and could find no alternative from any of my other suppliers.

Fortunately the patient was understanding and was happy to continue with his present medication but his question made me curious.

I looked at the ingredient listing of other sugar-coated APS drugs and in each case there was the dreaded gelatin, but when I conducted the same exercise with CP I found its vegetarian conscience was clear.

If CP can produce a sugar coating without using gelatin, then so can APS, and particularly with phenytoin, where the patient taking the drug is left with very little choice. Perhaps APS might consider film-coating its tablets, or if it continues with sugar coating, changing its technology so that it can proudly announce on its PILs: 'now suitable for vegetarians'!

Or is this just a case where the cost of seeking an amendment to the product licence is simply not worth the expense?

New Health Bill needs interpreting

Last week the editor quite rightly urged all pharmacists to look closely at the new Health and Social Care Bill and make representations to their MP on matters of concern. I dutifully accessed the parliamentary web site and marvelled at the mass of information that the internet now allows everyone to have at their fingertips.

But having the full text of the Bill so quickly available does nothing to improve my understanding of its content! I am a simple pharmacist, untrained in the art of interpretation of 'legal speak'. Before I can comply with the editor's wishes, I need someone to simplify the contents of the Bill, and to do so in a manner on which I can understand and comment.

I am sure the contents are vital to my future practice, but however good the explanation in *C&D* (last week p4) I need the opportunity to debate the issues with someone who understands. But time is of the essence.

What I need is an emergency local meeting organised jointly. I suggest, by the Royal Pharmaceutical Society and Pharmaceutical Services Negotiating Committee. A meeting where knowledgeable explanation and open forum debate can combine to give me the wisdom to constructively comment and, hopefully, lobby my MP to my way of thinking.

Medical matters



IN BRIEF

Fosamax goes once weekly

Merck Sharpe & Dahme has launched a once-weekly version of its Fosamax tablets. Fosamax 70mg tablets provide equivalent efficacy to daily treatment with Fosamax 10mg. A pack of four 70mg tablets costs the same as a 28 pack of 10mg tablets (£23.12).

Merck Sharpe & Dahme Ltd.

Tel: 01992 467272.

Unilet GP lancets now in 28G

Owen Mumford has added an ultra thin General Purpose 28 gauge lancet to its Unilet range. A box of 100 costs £3.23 and 200 are £6.20.

Owen Mumford Ltd.

Tel: 01993 812021.

Foradil licensed in COPD

Foradil is now licensed for treating reversible airways obstruction in patients with chronic obstructive pulmonary disease. The dosage is one 12mg capsule inhaled twice daily.

Novartis Pharmaceuticals UK Ltd.

Tel: 01276 692255.

Juvela correction

The correct price for Juvela sweet biscuits 6x150g is £12.60.

SHS International Ltd.

Tel: 0151 228 8161.

Pharmacy staff improve smoking cessation rates

Pharmacy intervention has been shown to be effective in smoking cessation attempts, according to a study in the *British Medical Journal*.

The randomised controlled trial gave community pharmacists and their staff a two-hour training course based on the cycle of change approach. Trained staff then offered brief counselling sessions with sales of nicotine replacement therapy.

Customers trying to quit were recruited and followed up after one, four and nine months. It was assumed that non-respondents were still smoking.

Abstinence rates after one month were 30 per cent for intervention customers and 24 per cent for controls. After four months the figures were 16 per cent and 11 per cent respectively. Nine months abstinence was claimed by 12 per cent of intervention customers and 7 per cent of controls.

The authors concluded that a coordinated approach, using all members of the primary care team, would achieve much more in smoking cessation.

Actiq breaks through the pain barrier

Elan Pharma is launching a novel presentation of fentanyl for the treatment of breakthrough pain.

Actiq is an oral transmucosal delivery system for patients already receiving maintenance opioid therapy for chronic pain. Actiq lozenges are placed in the mouth against the cheek using the integral oromucosal applicator. The lozenge is moved around the mouth using the applicator handle to maximise drug exposure and should be sucked, not chewed, over a 15 minute period.

Water can be used to moisten the buccal mucosa in patients with dry mouths. The lozenge should be removed at once if there are signs of excessive opioid effects before it is fully dissolved.

The initial dose should be 200mcg, titrating upwards as necessary through the range of strengths (200, 400, 600, 800, 1,200 and 1,600mcg). During titration, if adequate analgesia is not obtained within 15 minutes of consumption of a lozenge, another unit of

the same strength may be given. No more than two Actiq units should be used to treat any individual episode.

Once a successful dose has been established, patients should be maintained on this dose and no more than four Actiq units should be taken daily.

Actiq is a Schedule Two Controlled Drug. All strengths are priced at £19.44 for three units and £194.40 for 30 units.

Elan Pharma Ltd.

Tel: 01462 707200.

Lisinopril can reduce migraine level

A double blind, placebo-controlled crossover study has shown that lisinopril reduces migraine symptoms by about 20 per cent compared to placebo. In the study of 60 patients who suffered attacks between two and six times a month, 14 patients had their number of days with migraine reduced by at least half.

Patients were treated with lisinopril for 12 weeks, 10mg daily for a week and then 20mg daily for 11 weeks, followed by a two week washout period. During a second 12-week treatment

period patients were given placebo. Half the participants followed this schedule and half received placebo followed by lisinopril. The study, which was published in the *British Medical Journal*, only obtained complete data for 47 patients.

Of the patients with complete data, hours with headache, days with headache, days with migraine and headache severity were all reduced by about 20 per cent.

Various pharmacological effects of lisinopril could be responsible for its

migraine activity. In addition to blocking the conversion of angiotensin I to angiotensin II, it alters sympathetic activity, inhibits free radical activity, increases prostacyclin synthesis, and blocks the degradation of bradykinin, enkephalin and substance P.

Migraine without aura seems to be more common in people with the angiotensin converting enzyme DD gene. And migraineurs with this gene have higher ACE activity and more frequent attacks than other migraine sufferers.

Modest weight loss cuts blood pressure

Modest weight loss has been shown to achieve significant long-term reductions in blood pressure and reduced risk for hypertension.

This finding came from a randomised trial testing the efficacy of lifestyle interventions for reducing blood pressure over three to four years. The paper looked at 595 patients from the weight loss and 596 patients from the usual care control group of the Trials of Hypertension prevention (TOHP) II study.

Blood pressure was significantly lower in the intervention group at six, 18 and 36 months. This corresponded to mean weight losses from baseline of 4.4kg at six months, 2.0kg at 18 months and 0.2kg at 36 months. Mean weight gains for the control group at the same points were 0.1, 0.7 and 1.8kg.

Risk ratios for hypertension in the intervention group were 0.58 at six months, 0.78 at 18 months and 0.81 at 36 months. In subgroup analyses, par-

ticipants who lost at least 4.5kg at six months and maintained this for the next 30 months had the greatest reduction in blood pressure and a relative risk for hypertension of 0.35.

The study, which was published in the *Annals of Internal Medicine*, looked at people between 30 and 54 years old with non-medicated diastolic

blood pressure of 83-89mmHG and systolic blood pressure less than 140mmHg and were 110-165 per cent of their ideal body weight at baseline.

Weight loss was achieved through a three-year programme of group meetings and individual counselling sessions that focused on nutrition, physical activity and social support.

Self-testing for free radicals available

Vespro Europe is marketing a free radical test kit that enables consumers to determine whether they are taking enough anti-oxidants.

The kit measures malondialdehyde (MDA), a metabolite of free radical production. A urine sample is placed in a reagent ampoule and, after two minutes, the colour change is compared with a chart.

If the colour shows a high level of free radicals, anti-oxidant supplements should be taken or increased. The

test should be repeated at least once a week until free radical levels fall, then once or twice a month until an optimum level is detected, after which no extra anti-oxidants should be taken.

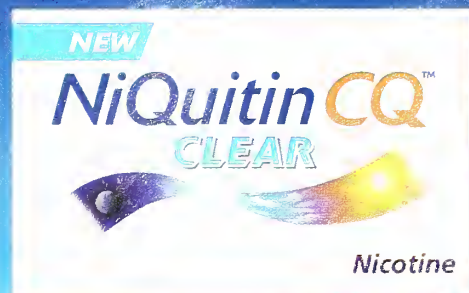
MDA detection is said to be around 90 per cent accurate. There are four tests per pack (retail £42.30 including VAT and postage) and multi-test packs are available.

The kit is available from Whittle Pharmacy, tel: 01257 262536.

***"Of course I'm not
wearing a patch"***



Her secret's safe with you





Counterpoints



No-Sor grows for noses

J Pickles Healthcare is expanding its No-Sor brand with three cold and flu products – a vapour rub, nose balm and nasal inhaler.

The vapour rub contains camphor, turpentine, menthol, eucalyptus oil, nutmeg oil, cedarwood oil and thymol. The product is available in a jar (rsp £1.99, 50g) and an easy-to-use roll-on stick (rsp £2.05, 40g).

The antiseptic nasal balm is formulated to relieve and soothe tender nostrils, while making breathing feel cool and clear. It comes in a stick (rsp £2.05, 4.1g).

The nasal inhaler includes a blend of traditional ingredients that help to relieve a blocked stuffy nose (rsp £1.69).

The eye-catching range comes in bright blue and green packaging. **J Pickles Healthcare.**
Tel: 01423 867314.



SB goes completely dotty with Oxy

SmithKline Beecham is launching antibacterial patches in its Oxy teenage skincare range.

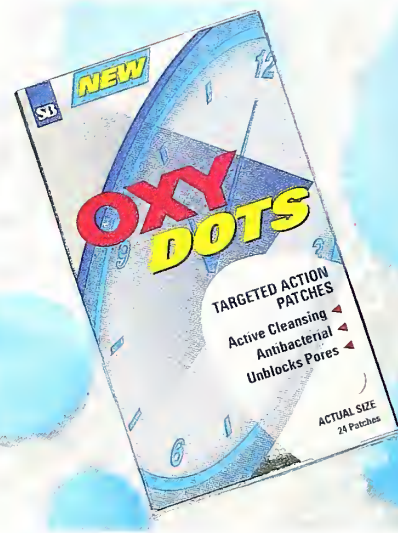
Oxy Dots are transparent patches that stick to the skin to help reduce the appearance of blemishes and help stop spots from forming.

Aimed at boys and girls aged 11-16, the patches are designed to directly target blocked pores, killing germs and keeping the skin clear.

The attractive yellow and metallic packs feature a clock graphic to demonstrate the product's proposition for round-the-clock cleansing.

Retail price is £4.39 for a pack of 24.

SmithKline Beecham Consumer Healthcare.
Tel: 020 8560 5151.



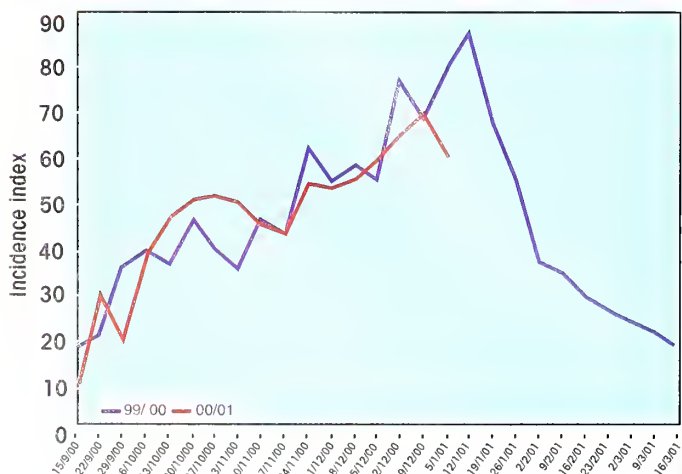
Cough, cold & flu FORECAST

Information updated weekly by SDI

SPONSORED BY



United Kingdom	Status level	Number of weeks on status	Season 2000/2001 projected population affected by respiratory illness	2000/2001 vs. 1999/2000 cumulative season-to-date % difference
BIRMINGHAM	Alert	4 weeks	174,872	-2.19%
BRISTOL	Alert	3 weeks	44,929	10.40%
GLASGOW	Alert	3 weeks	74,112	-31.12%
LEEDS	Alert	4 weeks	207,749	4.82%
LONDON	Alert	2 weeks	779,899	-10.89%
MANCHESTER	Alert	3 weeks	215,207	-2.81%
NEWCASTLE	Alert	4 weeks	45,585	-7.70%
NORWICH	Alert	3 weeks	14,574	8.60%



Tofupill targets menopausal women

PitRok is launching a food supplement for menopausal women in the UK.

Tofupill is designed to help menopausal women obtain sufficient phytoestrogen in their diet. There are 56 different components in phytoestrogen including isoflavone.

The capsules contain complete phytoestrogen in a rich tofu concentrate that is mixed with flaxseed to improve absorbency of the components into the body.

On average, each capsule contains 322mg tofu concentrate and 108mg

flaxseed, providing 38mg of complete phytoestrogen.

The capsules are free from genetically modified ingredients and are suitable for vegans.

Tofupill is recommended for menopausal women to take 1-2 capsules daily, after meals.

Retail price is £19.90 for 60 capsules.

PitRok Ltd.
Tel: 020 8563 1120.

Disprin CV discontinued

Reckitt Benckiser has discontinued its Disprin CV range.

The company says this decision has been made due to 'commercial reasons'.

It recommends that patients who have been prescribed Disprin CV 100 and 300mg tablets should be referred to their GP.

Disprin Extra, Disprin and Disprin Direct remain unaffected.

Reckitt Benckiser Healthcare.
Tel: 01482 326151.



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A whole new range of nutritional supplements.



Introducing a new, multi-action approach to help maintain a healthy body through nutritional support and supplementation. Developed by nutritional experts, the Nutricia range is designed to help maintain good health at different life stages. Every nutrient is supported by published evidence.

Each product has two or more ways of working. For example:-

Efalex



The range includes supplements to help maintain healthy bones, healthy heart, healthy eyes, hormonal balance, iron intake and brain function. We also offer multivitamin supplements for men's and women's health, pregnant and breast feeding women, and an antioxidant formula.



The Nutricia range is backed by a £1 million spend on consumer and trade advertising, targeted mailings and POS. We will also be instigating a specific educational programme to Healthcare Professionals to raise awareness of the benefits of supplementation. Nutricia. No-one is more serious about nutritional support.

NUTRICIA SUPPLEMENTS
The science of well-being

IN BRIEF

Cocoa Butter additions

E T Brawne is introducing three products in its Cocoa Butter Formula range. The additions are Nappy Rash Ointment (rsp £3.29), Fragrance Free Lotion (rsp £3.28) and Skin Firming Lotion (rsp £4.59).

E T Brawne (UK) Ltd.
Tel: 020 8554 7000.

Fragrant mix

Swiss-backed fragrance and toiletries company Incas Ltd, which owns the SO...? range of teenage toiletries, has merged with Brond Manogers, owners of the Tea Tree Plus and Richmond Apothecary brands. The new venture is expected to benefit from enlarged distribution in UK pharmacies and other stores.

Incos Ltd.
Tel: 020 8578 5100.

Candiden campaign

Akita Pharmaceuticals is supporting its Candiden pessaries and cream with a humorous regional radio advertising campaign this winter.

Akita Pharmaceuticals.
Tel: 01622 766389.

Spot on

Finders International is introducing a new look for its Dead Sea Spa Magik Spot-an gel. The natural non-greasy gel is formulated to help calm, soothe and dry spots. It contains coltsfoot, yorraw, rosemary, sage and concentrated Dead Sea minerals. Retail price is £5.45 for 15ml.

Finders International Ltd.
Tel: 01580 211055.

SCA strings out its Bodyform towels

SCA Hygiene Products is launching the first towel shaped to fit G-string underwear in its Bodyform String range.

Bodyform String Towel is an ultra thin towel designed for wear during menstruation. The launch follows the introduction of Bodyform String Pantyliner in September 1999.

The towel has the same anti-leakage and absorption benefits as Bodyform Invisible Towels. It features a strong 'wing' fastening system to ensure it stays in place, providing comfort and security.

Suitable for women with light to normal menstrual flow, the towel is also appropriate at the beginning or the end of a period for those with heavier menstrual flow.

The number of women wearing G-strings has been increasingly dramatically over the past few years and G-strings now account for

around 15 per cent of underwear sales in the UK.

SCA research shows that many women who wear G-strings currently change them for more conventional underwear during their period.

The launch will be supported by a £3.2 million marketing package including a new TV commercial that will be on air throughout spring and summer, starting in March.

The product will also be supported by cinema commercials, outdoor advertising in targeted venues, sampling activities and PoS material.

The individually wrapped towels are packaged in a modern frosted plastic box.

Retail price is £1.96

for a box of 12 towels.

● VAT on sanitary products was reduced to 5 per cent on January 1.
SCA Hygiene Products Ltd.
Tel: 01582 677400.



'It needn't be hell' to stop smoking

Novartis Consumer Health will support its Nicotinell patch with a £1.5 million advertising campaign starting in February.

Using the theme 'It needn't be hell', the campaign is designed to build awareness of the Nicotinell lozenge.

In addition, smoking cessation roadshows are planned around the UK for one week in each of five major towns during February and March.

Trained staff and counsellors will

be available at these events to answer consumer queries and offer advice on how to give up smoking. A 'smokalyser' will be used to measure the level of carbon monoxide in people's lungs.

Local pharmacists in these towns, which include Bristol, Birmingham and Croydon, will be informed about the roadshows via targeted trade initiatives.

Novartis Consumer Health.
Tel: 01403 210211.

Close shave guaranteed

Gillette is supporting its MACH3 razor with a money back promotion from February. The promotion will be backed by a £2.1 million advertising campaign starting on March 12. The four week TV and radio campaign will feature a money back guarantee tag.

An eye-catching on-pack flash and in-store display material will support the promotion in-store.

Gillette is promising a full refund if consumers are not satisfied with the shave the razor delivers.

Consumers are asked to shave with the razor for at least 14 days. After 14 days, purchasers can claim their money back by filling in the form on the pack and sending to Gillette with the razor handle and proof of purchase.

Gillette UK Ltd.
Tel: 020 8560 1234.



L'Oréal helps gets kids out of a tangle

L'Oréal will launch a leave-in detangling treatment for children in its L'Oréal Kids range in March.

L'Oréal Kids Tangle Tamer is designed to help comb out knots and tangles that are difficult and painful to comb through.

The product has a light, non-rinse formula and contains active ingredients that are attracted to the surface of the hair shaft, leaving the hair soft and shiny.

It has a 'Burst of Sweet Pear' fragrance and will not sting children's eyes. The pump action spray helps distribute the product evenly through the hair.

The product is packaged in a bright green dolphin-shaped bottle.

Retail price is £2.49 for 250ml.

L'Oréal Group UK.
Tel: 020 8762 4000.

ON TV NEXT WEEK

Aquafresh toothpaste: All areas except U

Beechams winter remedies: All areas except U, CTV

Benylin: All areas

Breathe right nasal strips: All areas except C4, Sat

Clinomyn toothpaste: GMTV, C4, C5, Sat

Covonia: U, C4, HTV, W, M, GMTV

Day/Night Nurse: All areas except U, CTV

Lemsip: all areas except CTV

Nicorette: All areas

Niquitin CQ: C areas except U, CTV

Niquitin CQ clear: U

Senokot: All areas

Sudafed: All areas except GMTV

Pharmasite for next week: Nicorette Patch – Window. Nicorette

Gum – In-store. Nicorette Inhalator – Dispensary

A Anglia, B Border, C Central, C4 Channel 4, C5 Channel 5, CAR Carlton, CTV Channel Islands, G Granada, GMTV Breakfast Television, GTV Grampian, HTV Wales & West, LWT London Weekend, M Meridian, Sat Satellite, STV Scotland (central), TT Tyne Tees, U Ulster, W Westcountry, Y Yorkshire



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or e-mail an order to Senokot@ReckittBenckiser.com

The No.1 Pharmacy Constipation Remedy



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Election upset

Surprise outcomes to elections don't only happen at the RPSGB - a recent round of elections at pharmacy bodies in Germany has produced some startling results.

Dr Hartmut Schmall, president of the Bundesapothekerkammer (BAK), the RPSGB's German equivalent, was ousted from the position he had held for the past seven years. A huge majority (75 per cent) of delegates at BAK's membership meeting voted for Dr Schmall's challenger, Johannes Metzger. Mr Metzger took over at the BAK steering wheel on January 1.

However, Hermann Stefan Keller was re-elected for the third time as chairman of the Deutscher Apotheker-Verband (DAV), which represents Germany's proprietary pharmacists. Hans-Günther Frieze, president of ABDA, the umbrella organisation for Germany's pharmaceutical associations, was also confirmed in his post.

ABDA plays the smart card with its electronic scripts

ABDA, the umbrella organisation of German pharmaceutical bodies, has certainly been busy working on its own version of ETP (electronic transmission of prescriptions).

As in the UK, its main purpose is to bridge the electronic gaps between doctors, pharmacies and, in Germany's case, the health insurance companies paying the bill.

The system ABDA has come up with centres around a so called 'smart card', which remains in the hands of the patient. The card will not only carry all the information about a patient's medication but also the electronic prescription.

Access to the information on the smart card is through a 'Healthcare

Professional Card (HPC)' and access rights will vary between doctors and pharmacists. Apart from controlling access, the HPC will encrypt the data and supply the digital signature.

In short, a prescription would be stored on the smart card and signed with the doctor's signature using his HPC. The pharmacist can read the prescription before deleting it from the patient's card by using the access card incorporated into the card terminal at the pharmacy.

The pharmacist will then sign the information relating to dispensed medicines with his own HPC.

The system will collect the dispensing data for the day before linking in with the data processing centres.

Germany's equivalent of the Prescription Pricing Authority.

As it stands it will be the pharmacist rather than the doctor who will carry the responsibility for keeping up-to-date records of a patient's medication on the card in order to be able to incorporate self-medication with OTC products.

Sounds complicated? Well, that's because the German system with its many different insurance companies is extremely complex.

ABDA is ready to take the system into pilot stage, but it needs to find partners to carry out a pilot in one region and it needs both doctors and insurance companies on board it to be able to proceed. So far, no joy.

Exclusive right may go

German community pharmacists are fighting to retain their exclusive right to supply outpatients' and old-people's homes.

An amendment to pharmacy laws, introduced by the Länder-government in Berlin, seeks to abolish the existing distinction between hospital and community pharmacies.

If parliament passes the amendment hospital pharmacies will be allowed to supply outpatients with their medication even if the doctor running the clinic is not a hospital employee.

It could also put an end to community pharmacies supplying nearby old people's homes and care homes in their vicinity if these are run by a full-time employed doctor.

Currently, community pharmacies are allowed to supply homes on the a strict rota system, and this is often a very lucrative part of their business.

Health insurance companies and hospital leaders argued at a recent meeting of the health select committee

that in the age of 'integrated care', the supply of medicines could no longer be exempt. Both expect that such a move would lead to a significantly reduced drugs bill.

Unlike community pharmacies, hospital pharmacies in Germany do not have to pay fixed prices. They can obtain medicines directly from manufacturers at lower cost, or even as gifts.

However, MPs were told by community pharmacy leaders that manufacturers were most likely to react to such changes by increasing the price they charged hospitals for medicines, possibly even those in community pharmacies. This possibility was confirmed by an industry representative.

It was also claimed that moving towards a more centralised system revolving around hospital pharmacies would limit patient choice and be detrimental to the comprehensive network of community pharmacies.

Web site offers pharmacy search

German pharmacists can now place their business details on the internet courtesy of Gehe PharmahandelAG.

The pharmaceutical wholesaler has invited pharmacists to join its internet portal - www.apotheke.com - free of charge.

The site has a search facility that will identify pharmacies in a particular postcode area and supply their names, addresses and telephone numbers.

Customers can also carry out a more detailed search, specifying certain services such as diabetes advice, blood pressure measurements and asthma clinics.

This leads to a more comprehensive homepage with details of services and opening hours.

Other features of the site include the special health weather forecast and travel advice.

Small change for UNICEF

Since July last year, German pharmacists have been collecting the equivalent of more than DM525,000 (£170,000) in foreign currencies for UNICEF, the United Nations children's charity. The money raised was handed over to UNICEF at a recent televised gala in Berlin.

Organised by the Deutscher Apotheker-Verband (DAV), 21,000 pharmacies took part in what was the first nation-wide initiative of this kind. Returning holiday-makers were urged to drop their remaining pesetas, lira,

crowns and francs off at their local pharmacy to help a UNICEF-run educational programme in Nepal.

With literacy rates at only 27 per cent, as many as 3 million Nepalese children have never attended school. The 'Bal Shiksha' project for girls between ten and 15 years provides them with two-hour lessons six days a week.

Following the success of last year's campaign, the DAV has already offered to run the collections again in 2001.



DAV Chairman Hermann Stefan Keller and UNICEF goodwill ambassador Sabine Christiansen, a TV journalist, launching the campaign at the Brandenburg gate in Berlin

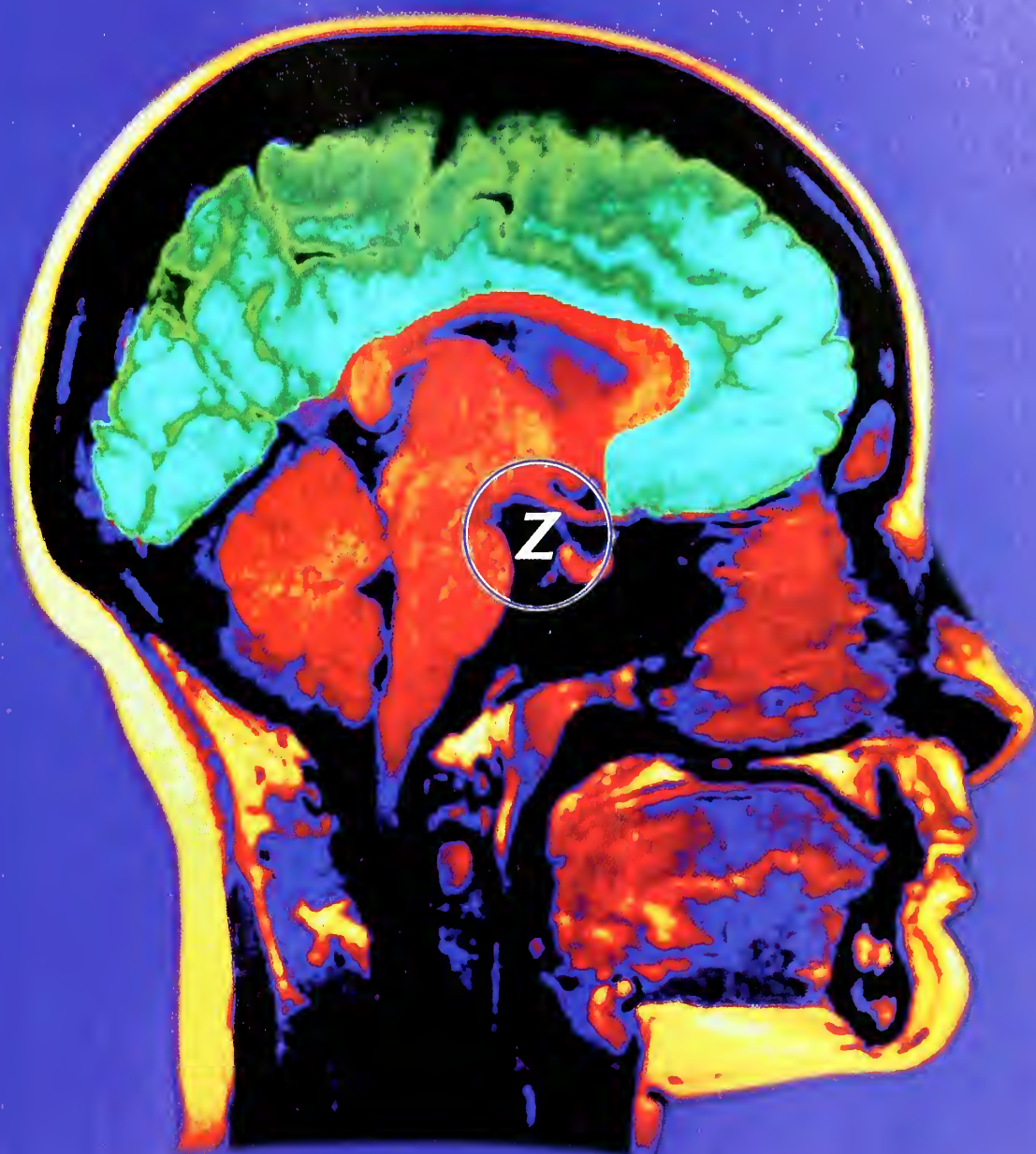
Describing Information
Please refer to the full
UKC before prescribing)
Zyban 150 mg
prolonged-release tablets
(bupropion HCl)

Indications Smoking cessation (with motivational support) in nicotine-dependent patients.
Dosage and administration Adults from 18 years: Start treatment while still smoking and set 'target stop date' within two weeks. 150 mg o.d. for 3 days then 150 mg b.d. for remainder of 7 to 9 week course. Maximum 150 mg single dose and 450 mg daily. Allow at least 8 hours between doses. Review at week 7; continue if no effect. **Elderly, renal or liver-to-moderate hepatic impairment:** 150 mg o.d. **Contra-indications** Hypersensitivity, previous/current seizure or eating disorder, recent/current MAOIs, severe hepatic cirrhosis, bipolar disorder.
Precautions Predisposition to lowered seizure threshold/increased risk of seizures (including previous head injury, brain tumour, other medications, alcohol abuse, diabetes), renal or mild-to-moderate hepatic impairment, elderly, susceptibility to psychotic episodes. **Drug interactions** Theophylline, tricyclics, SSRIs, MAOIs, antipsychotics, beta-blockers, Class Ic antiarrhythmics, enzyme inducers/inhibitors, orphenadrine, cyclophosphamide, levodopa. **Pregnancy and lactation** Not recommended. **Side effects** Common: dry mouth, gastrointestinal pain/upset, drowsiness, tremor, concentration disturbance, headache, dizziness, depression, agitation, anxiety, rash, pruritus, urticaria, sweating, taste disorders. **Uncommon:** chest pain, asthenia, tachycardia, blood pressure changes, flushing, confusion, anorexia, weight loss, visual disturbance. **Rare:** vasodilation, syncope, seizures, severe hypersensitivity reactions including anaphylaxis, arthralgia, myalgia and fever, erythema multiforme, Stevens Johnson syndrome. **Presentation** Zyban Basic NHS cost 60 tablets £42.85. **Product Licence (PL) no.** PL10949/0340. **Holder** Glaxo Wellcome UK Ltd., Stockley Park West, Uxbridge, UB11 1BT.

Further information is available from:
 Glaxo Wellcome UK Limited,
 Stockley Park West, Uxbridge, UB11 1BT.
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Nicotine addiction is a neurobiologically-mediated brain disease.¹ Zyban is a unique non-nicotine tablet therapy that works in the brain by acting on the neurotransmitters involved in nicotine addiction and withdrawal.^{2,3} In a trial published in The New England Journal of Medicine, Zyban was shown to be almost twice as effective as a nicotine patch in achieving smoking abstinence at one year.⁴

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**At ease with
eczema**

NEW

Understanding autism



People with autistic spectrum disorders have difficulty interpreting the world around them, which can lead to inappropriate social responses. Early diagnosis can help them to lead full and rewarding adult lives

Autism is a lifelong developmental disability that affects the way a person communicates and relates to people around them. Children and adults with autism are unable to relate to others in a meaningful way. Their ability to develop friendships and their capacity to understand other people's feelings are impaired. People with autism often have accompanying learning disabilities, but everyone with the condition shares a difficulty in making sense of the world.

People with autism are not physically disabled and 'look' just like anybody else. Due to this invisible nature, it can be much harder to create awareness and understanding of the condition. It is often assumed that autistic children are naughty or that the parents are not controlling the child.

Asperger's syndrome is a form of autism and describes people at the higher functioning end of the autistic spectrum of disorders.

What causes autism?

The exact cause or causes of autism are still unknown, but research shows that genetic factors are important. It is also evident from research that autism is associated with a variety of conditions affecting brain development which occur before, during or very soon after birth.

Triad of impairment

There are three characteristic areas in which people with autism experience difficulties. These are known as the 'Triad of impairment'. To be diagnosed with autism, an individual needs to display problems with all three. The manifestations of each impairment vary with the severity of the disability. Changes occur with age, especially in those with higher levels of ability and different aspects of the behaviour pattern are more obvious at some ages than at others.

1 – Impairment of social interaction

The most severe form is aloofness and indifference to other people. Most

people with autism enjoy certain forms of active physical contact and show attachment, on a simple level, to parents or carers. In less severe cases, the individual passively accepts social contact, even showing some pleasure in this, though he or she does not make spontaneous approaches.

Some children or adults with the triad approach other people spontaneously, but do so in an odd, inappropriate, repetitive way and pay little or no attention to their responses. Among the most able adolescents and adults, the social impairment may have evolved into an inappropriately stilted and formal manner of interaction with family and friends as well as strangers. It has been suggested that the problem underlying social impairment is lack of a built-in ability to recognise that other people have thoughts and feelings – the absence or impairment of a so-called 'theory of mind'.

2 – Impairment of social communication

A lack of appreciation of the social uses and the pleasure of

communication is always present in one form or another. This is true even of those who have a lot of speech, which they use to talk 'at' others and not with them.

An inability to understand that language is a tool for conveying information to others is another typical example of the communication impairment. Some are able to ask for their own needs but have difficulty in talking about feelings or thoughts and in understanding the emotions, ideas and beliefs of other people.

Many are unable to convey or comprehend information by using gesture, miming, facial expression, bodily posture or vocal intonation. Some more able people do use gestures but these tend to be odd and inappropriate.

Those with good vocabularies have a pedantic, concrete understanding and use of words, an idiosyncratic, sometimes pompous choice of words and phrases, and limited content of speech. Some verbal autistic people are fascinated with words and word games but do not use their vocabularies as tools of social interaction and reciprocal communication.

3 – Impairment of imagination

In children, inability to play imaginatively with objects or toys, or with other children or adults, is an outward manifestation of this impairment. A tendency to select for attention minor or trivial aspects of things in the environment instead of an imaginative understanding of the meaning of the whole scene is often found (eg attending to one carriage instead of the whole person, a wheel instead of the whole toy train).

Some of these children display a limited range of imaginative activities, which may be copied, for example, from TV programmes, but they pursue these repetitively and cannot be influenced by suggestions from other children. Such play may seem very complex, but careful observation shows its rigidity and stereotyped nature. Some watch soap operas or read particular types of books, such as science fiction, but the interest is limited and repetitive.

Some confuse fiction and reality and tell rambling stories they seem to believe are true. Some do not know the difference between dreams and reality. Many lack understanding of the purpose of any pursuits that involve comprehension of words and their complex associations, eg social conversation, literature, especially fiction, subtle verbal humour (though simple jokes may be enjoyed). Consequently, they lack the

Continued on P18 →

→ Continued from P17

motivation to join in with these activities, even if they have the necessary skills.

In adults, the proper development of imagination is shown in the ability to use past and present experiences (both one's own and other people's) to predict consequences of actions and make plans for the future. This aspect of the mature imagination is conspicuously lacking in people with autistic spectrum disorders.

The consequence of the impairment of imagination is a very narrow range of repetitive activities or special interest. These can take simple or complex forms.

Diagnosis

It is crucial that an autistic spectrum disorder is recognised early in life to enable the most effective intervention and management of the condition. Early diagnosis and intervention is also essential to ensure families and carers have access to appropriate services and professional support.

In most cases, the 'triad of impairments' emerges in the first two to three years of life - there are often indications of developmental problems within the first year. The pattern of abnormal development then unfolds over time.

The correct diagnosis can be made only by taking a detailed developmental history from infancy and obtaining equally detailed information about the child's behaviour in different settings. The right questions must be asked in a systematic fashion. A diagnosis cannot be made solely by observing or testing in the artificial setting of a clinic. The results of psychological assessment by an experienced psychologist are invaluable for deciding the child's educational needs.

Is it widespread?

At present there is no central recording by the UK Government and very few epidemiological studies on which to make informed predictions. The available studies of people with autistic spectrum disorders are infrequent, expensive and problematic. As a result there is a range of different estimates and, while there is some anecdotal evidence to indicate a rise in autism in recent years, it is difficult to make conclusive judgements on trends.

The National Autistic Society estimates are based upon the two broadest studies currently available, Camberwell (Wing & Gould 1979) and Gothenburg (Gillberg et al, 1986), reckoning on an autistic population of 91 per 10,000.

The National Autistic Society (NAS) is the UK's leading charity for people with autistic spectrum disorders and their families. The Society works in many areas to help people with autism and Asperger's syndrome live their lives with as much independence as possible.

Although autism is incurable the future does not have to be bleak. Education and the social environment can have marked effects on overt behaviour; in a very structured setting, with one-to-one attention, the autistic behaviour may not be shown in any obvious way. With the right support, people with autism can have long and fulfilling adult lives. Many people with Asperger's syndrome go through further education, gain employment and are able to live independently.

The NAS helpline is open 10am-4pm, Monday-Friday: 0870 600 8585
National Autistic Society
393 City Road
London
EC1V 1NG
Web site: www.nas.org.uk

Fit for the future?

Many adult diseases have their origins in early life. Children's health is an important issue for children now and for the future health of society

Giving children a healthy start in life is never easy or cheap. About one in three children in the UK lives in poverty and this has a major impact on their health.

This is shown by the wide variations in infant mortality rates by social class of the father - infants born to fathers in unskilled or semi-skilled occupations have a mortality rate 1.6 times higher than those in

professional or managerial occupations.

The Government has announced two new funds to try and reduce the number of children living in poverty and thereby improve their health: Sure Start and The Children's Fund.

Sure Start

In July 1998, it was announced that £452 million would be made available to establish at least 250 Sure Start

Continued on P20 →

The psychopharmacology of autistic spectrum disorders (ASD)

Dr Nikos Myttas, a consultant child and adolescent psychiatrist, discusses the drug treatments that have been used in people with autistic spectrum disorders (ASD)

Research on medication to control the problems of children with ASD is still in its infancy. Most of the studies suffer from methodological flaws, small size cohorts, short follow-up periods, low doses of administered medication and absence of objective rating scales. Nevertheless, a number of controlled drug trials have shown an improvement in the mental state of some ASD children.

Haloperidol in doses of 0.5-4.0mg/day has been shown to improve adaptive behaviour and relatedness without having any adverse effects on the cognitive profile. In one study it was found to facilitate learning for a subgroup of ASD children. One potential drawback, limiting its long-term use, is the development of tardive dyskinesia. Recently there have been studies with atypical antipsychotics such as clozapine and risperidone that do not cause tardive dyskinesia, with some promising results.

Specific serotonin reuptake inhibitors (SSRIs): clomipramine, in doses of up to 5mg/kg/day, was found to be superior both to placebo and desipramine on ratings of autistic symptoms such as anger, compulsions and ritualised behaviour, and equal to desipramine for reducing hyperactivity.

Fenfluramine in doses of 1.5-

2mg/kg/day was found in three small studies to have a minimal positive effect on disruptive behaviour, perseveration (repetition of a previously appropriate response, when it has since become inappropriate) and echolalia. These results were not replicated in two other studies using lower doses, suggesting that the results may have been dose-dependent. There were concerns about toxicity.

Naltrexone, an opiate antagonist, reduces the high levels of endogenous opiates in ASD children that are thought to be responsible for manifest social withdrawal, self-injurious and perseverative behaviour and high pain tolerance. Five of the eight controlled studies to date showed a decrease in self-injurious behaviour, social withdrawal and hyperactivity and improvement in communicative speech, but no single study reported all such effects. Doses ranged from 0.5mg/kg/day to 100mg/day. It has been suggested that the reduction in self-injurious behaviour may be dose-dependent.

Clonidine, a norepinephrine (noradrenaline) antagonist, was found in one small study that has not so far been replicated, to result in a significant improvement in social functioning for most subjects. It was administered transdermally

at doses of 5mcg/kg/day.

Secretin is a 27-amino acid peptide produced by pancreatic S cells under acidic conditions. It stimulates bicarbonate, bile, insulin and pepsin secretion. There have been reports that i.v. injection of 75 units of secretin leads to improvement of social communication and language skills in ASD children. The reported effects are probably temporary.

Casein/gluten free diet, vitamin (especially Vit B6)/mineral therapy: reported to have been helpful in reducing hyperactivity, irritability, self-injurious behaviour and to lead to improvements in speech, social communication, eye contact and sleeping patterns. The reports are anecdotal and mostly from parents.

Prednisone, vancomycin, ACTH, ibuprofen, gamma-immune therapy (im/iv IgG), sphingolins, antihistamines: studies are still at an experimental level with no peer-reviewed published reports so far.

As there is no unitary cause for ASD it seems possible that subgroups of such children may benefit from different treatments for controlling some of their symptoms. On the strength of existing evidence haloperidol and clomipramine, in sufficient doses, with or without dietary interventions, probably constitute the first line of treatment.

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will find Propain[®]
caplets so acceptable for
the relief of migraine,
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headaches selling them.*



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ABBREVIATED PRESCRIBING INFORMATION Propain[®] Caplets. **Presentation:** Yellow compressed caplets with a scored bisect line on one side, each containing: paracetamol BP 400mg; codeine phosphate BP 10mg; diphenhydramine hydrochloride BP 5mg; caffeine BP 50mg. **Indications:** Treatment of migraine, headache, muscular pain, period pain and toothache. Also for the symptomatic relief of influenza, feverishness and colds. **Dosage:** Adults, the elderly and children over 12 years of age: 1 or 2 caplets every four hours up to a maximum of 10 caplets in 24 hours. **Contra-indications:** Propain[®] is contra-indicated in patients with known hepatic or renal impairment, during pregnancy and lactation and if there is a known hypersensitivity to any of the ingredients. Propain[®] should not be used in patients suffering from respiratory depression, acute alcoholism, risk of paralytic ileus, raised intracranial pressure, head trauma and acute abdomen. **Warnings:** Propain[®] may cause drowsiness and affected individuals should not drive or operate machinery. **Precautions:** The effect of alcohol or other sedatives may be potentiated. Excessive intake of caffeine-containing drinks should be avoided. **Other undesirable effects:** Codeine may cause constipation in sensitive patients. Dosages in excess of those recommended may cause severe liver or kidney damage. **Legal category:** P. **Pack details:** Propain[®] caplets (PL 04416/0373). **Trade price:** 16 caplets £1.68 (R.S.P. £2.95). 32 caplets £2.62 (R.S.P. £4.60). **Product licence holder:** Lagap Pharmaceuticals Ltd, Woolmer Way, Bordon, Hants. GU35 9QE. Full product information is available from Sankyo Pharma UK Ltd, Repton Place, Amersham, Bucks. HP7 9LP. Telephone (01494) 766 866. **Date of preparation:** December 2000.

PF01011

Pamela Mason, a community pharmacist with a postgraduate degree in nutrition, offers the following dietary advice for children:

- Food intake should maintain activity and height and weight in the desirable range
- Overweight and obesity should be corrected by reducing weight gain and allowing height to catch up with weight rather than by aiming for weight loss
- Overemphasis on a high-fibre low-fat diet should be avoided; such a diet may be too bulky to provide a child's energy needs
- Children under five years should normally drink one pint of whole cow's milk a day. Skimmed milk should be avoided for children under five years of age. Semi-skimmed milk may be introduced after two years
- Frequent small meals and snacks, including breakfast, should be encouraged.
- Emphasis should be given to a diet rich in nutrient-dense foods such as meat, poultry, fish, milk, cheese, eggs, bread, cereals, fruit and vegetables
- Sweets should be restricted to once or twice a week or for special occasions; they should not be used as rewards
- Children from six months to five years old should be given vitamin drops

Taken from 'Nutrition and Dietary Advice in the Pharmacy', Second Edition, by Pamela Mason.

→ Continued from P18

community projects in England by 2002. So far, about 50,000 children under four years old have been 'offered a route out of poverty', according to the Government.

Sure Start aims to "improve the health and well-being of families and children before and from birth so children are ready to flourish when they go to school". One of the five major objectives is health improvement, particularly by supporting parents in caring for their children to promote healthy development before and after birth. The health improvement targets are:

- a five per cent reduction in proportion of low birth-weight babies
- a ten per cent reduction in children admitted to hospital as an emergency during their first year of life with either gastro-enteritis, respiratory infection or a severe injury.

Examples of projects include the Sure Start centre in Hastings, which provides a health and baby clinic, speech and language therapy

programmes and a 'get cooking' group to teach good nutrition on a budget.

In Barrow, a freephone helpline has been set up to provide health and childcare advice to local parents every evening up to 11pm. Further information is available at: www.surestart.gov.uk

Children's Fund

The Children's Fund, supporting children aged 5-13, was announced in November and £450 million will be spent in England over the next three years. The aim of the fund is to help vulnerable children and their families escape the poverty trap, by raising standards in education, preventing truancy, and reducing health inequalities, unemployment and crime.

The fund will be managed by the new Children and Young People's Unit and local networks will channel money straight to local projects administered by voluntary organisations. The projects will include

- mentoring schemes
- counselling and advice services
- out of school activities.

Feeling fruity

Another government initiative is designed to ensure that children get a daily portion of fruit. A fifth of children in the UK eat no fruit throughout the week, according to the NHS plan published last July. Increasing fruit and vegetable consumption closely follows reducing smoking as an effective strategy for reducing the risk of cancer and it also helps to prevent heart disease. Eating at least five portions of fruits and vegetables a day could lead to an estimated 20 per cent reduction in overall deaths from chronic diseases. However, the average consumption of fruit and vegetables in the UK is only about three portions a day.

By 2004, a new 'National School Fruit Scheme' will have been introduced as part of a national campaign to improve the diet of children. Every child in a nursery, and aged four to six in infant schools, will be entitled to a free piece of fruit each school day.

- From September, all school meal service providers in Wales will have to comply with minimum nutritional standards, subject to consultation on draft regulations. Announcing the plan, Jane Davidson, assembly minister for education and lifelong learning, said: "All Welsh school children should be able to have the opportunity to enjoy a nutritious school meal. A bad diet is as damaging to school performance in the short term as it is to health in the long term."

Nutrition

Some children are fussy eaters, but the importance of a healthy diet

cannot be over-emphasised. Poor nutrition in childhood contributes to the development of disease in later life, particularly heart disease, according to the NHS Plan.

Age years	Male k/cal	Female k/cal
1-3	1230	1165
4-6	1715	1545
7-10	1970	1740

The estimated average daily calorie intakes for children are shown in the box above.

Winner takes it all

A pharmacy that specialises in aids for the elderly is the most recent winner of the 'Child Friendly Pharmacy of the



Mrs MacEwan receives her award from TV presenter Jonathan Ross and Andrew Scorey, of Novartis, at an award ceremony held in London at the end of last year. The award was sponsored by Tixylix in conjunction with Mother and Baby magazine

Year' award, which recognises the vital service many pharmacies offer to parents with young children.

The winner, Anne MacEwan, of Cockburn's Chemist in Motherwell, says the secret of their success is not down to toys and gadgets to impress children, but to her excellent staff.

"They are all prepared to spend a lot of time with the children and, in return, the children treat them like 'aunties'," she says.

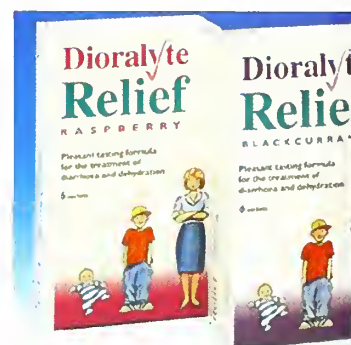
Anne, who has managed the branch for 15 years, has seen customers who were children bringing their own children in to the shop.

"We all enjoy caring for our customers and I'm very keen on them not being kept waiting. Mothers who bring in prescriptions for their unwell children especially appreciate that," she says.

The nomination form for the annual award asks parents to rate the pharmacy and grade the pharmacist on the following issues:

- asking detailed questions about the child's ailment
- offering a wide range of treatments
- explaining in detail how the treatments work and ensuring parents fully understand
- offering advice and support in addition to the treatment

- giving parents enough time to talk through the child's ailment and treatment
- making parent and child feel special.



Dioralyte Relief contains rice

Oral rehydration

Dioralyte Relief contains rice as the carbohydrate component instead of glucose. Trials have shown that using Dioralyte Relief instead of glucose ORT can reduce stool volume by almost 25 per cent and that, on average, children's fluid intake reverted to normal in two-thirds of the time. To encourage compliance Dioralyte Relief has been formulated to be less salty and to have a sweeter flavour, with less aftertaste.

Aventis Pharma.
Tel: 01732 584000.

Bouncing around

Ernest Jackson is supporting its Bassett's Soft and Chewy Vitamins range with new TV advertising.



Bassett's has new advertising

The adverts, continuing last year's 'spacehopper' theme, are being shown on GMTV until the end of the month and are aimed at ABC1 mothers.

All varieties in the range have increased their market share with the Multivitamins increasing its value sales by 60 per cent year on year.

Answering concerns that marketing vitamins, such as the Jelly Babies variety, to appeal to children may be inappropriate, Pam Francis, sales and marketing manager for the range, says: "The market research we've done with mothers shows us there is no conflict at all. They are reassured by the Bassett's brand and know that they are buying a quality product which tastes good, that children will actually take."

Ernest Jackson, & Co Ltd.
Tel: 01363 772251.

Now showing

'Dirty Beastie' and 'Soap Sud Sally' feature in an entertaining video which



Teaching children hygiene

stresses the importance of basic hygiene to young children.

Featuring drama and song, the Clean Crusader's video is designed to teach children how to prevent the spread of infections such as stomach upsets or threadworms.

The accompanying information pack contains a fact sheet, a colourful work sheet, and posters and stickers.

The video is available to health professionals, schools or directly to parents.

Johnson & Johnson MSD
Consumer Pharmaceuticals.
01494 450778.

Top of the class

Reckitt Benckiser launched the children's version of its popular Lemsip range in September. The blackcurrant-flavoured sachets dissolve in cold water, rather than hot, so are safer for young children.

Suitable for children aged six to 12 the sachets contain 240mg of paracetamol and 2.5mg of phenylephrine hydrochloride. They are designed to relieve the most common symptoms of children's colds: headache, fever and a blocked or runny nose.

Cassandra May, category manager for Lemsip, says that consumer



Lemsip: blackcurrant flavour

research into Lemsip Children's Six Plus Cold and Flu Relief shows that this is a product that parents really want. "When they have ill children only the best will do and parents need to use a product they know they can trust. A long established brand such as Lemsip offers them a reassuring and reliable option."

Advertising in the women's press and TV listing magazines will continue until February. The retail price is £2.59 for ten sachets.

Reckitt Benckiser.
Tel: 01482 326151.

OTC study

● The use of OTC medication in children in the East Midlands is one of the projects being undertaken by the Beeston Primary Care Research Group.

The study is funded by the Proprietary Association of Great Britain. Its objectives are:

- to determine the extent and nature of OTC medicine use in children under 12
- to determine why parents buy and administer OTCs for children and factors influencing the choice of self-care rather than GP consultation in different socio-economic groups
- to examine how these medicines are handled in the home and to identify any potential or existing problems or risk associated with such use.

For further information about this, and other, primary care projects being undertaken by the group, go to www.saferprescribing.co.uk

No rest for Calpol

Calpol may be the market leader in children's analgesics, but Pfizer-Warner Lambert Consumer Healthcare will not be resting on its laurels over the coming year. Margaret Young, senior product manager for Calpol, says the company will be spending £4 million on television advertising and £500,000 on press advertising during 2001. The TV adverts will continue in the same style as last year representing

Paediatric analgesics

The paediatric analgesic market has grown 3.9 per cent in terms of sales value over the last year and is now worth over £32million.

The top ten analgesic brands, including Baats, are:

1. Calpol
2. Nurofen for Children
3. Dispral
4. Medised
5. Medinal
6. Tharntan and Rass
Paediatric Analgesics
7. Tixymal
8. Infadrops
9. Parapaed
10. Junifen



The Calpol family

the 'Calpol family' and keeping the brand relevant to modern parents. "Since the Pfizer-Warner Lambert merger there has been a real change. We now have tremendous resources we can draw on."

'CAMPAIN' for vulnerable groups

Up to 50 per cent of adult consumers are either unaware or mistaken about the active ingredient in OTC pain relievers, according to a survey of 2,000 adults completed last year.

CAMPAIN - the Children, Asthmatics and Mums Paracetamol Information Network - is an initiative to provide a better understanding of pain management and appropriate use of pain relievers among special groups of patients.

CAMPAIN, supported by SmithKline Beecham Consumer Healthcare, is producing consumer leaflets with advice on suitable pain-relief. Pharmacists can obtain copies of the leaflet by phoning 01428 653053.



Serious Relief for Sore Throats



Vicks Ultra Chloraseptic Sore Throat Spray (contains Benzocaine):

● TARGETS THE SITE OF PAIN

The unique swivel head applicator delivers the active Benzocaine straight to the site of pain allowing it to start working immediately.

● WORKS IN SECONDS

Benzocaine is well recognised as an effective topical anaesthetic which works quickly to bring relief from pain in seconds.

So, two great reasons to recommend Ultra Chloraseptic - serious relief for sore throat pain!

PLUS: SERIOUS AD SUPPORT

- National Press
- Women's magazines
- Radio - Classic FM
- Web banners on *NetDoctor*, *mypharmacy* and *dotpharmacy*

New web site:

www.ultrachloraseptic.com

For orders, merchandising and further information, contact your local Jenks Sales Representative or Jenks Sales Brokers direct on 01494 442446.

Vicks Ultra Chloraseptic Sore Throat Spray: rrp £4.49

Abbreviated essential information for Vicks Ultra Chloraseptic

Active ingredient: Benzocaine, 0.71 per cent w/v

Indications: Symptomatic relief of sore throat pain

Legal category: P

Further information is available from Prestige Brands (UK) Ltd, 3 Scotland Drive, Earnings Common, Slough Berkshire SL2 3ES

Our fourth article on the NHS programme for pharmacy looks at the prospects for change when hospital pharmacies are being forced to cut services and staff are suffering burn-out

The key to a more efficient, safe and patient-focused service is to free hospital pharmacists to concentrate more on clinical care, says the 'Pharmacy in the Future' document.

This could be done by increased use of technicians and automation, the document says, acknowledging that staff shortages "make it particularly important for NHS employers both to attract and retain new staff, and to invest in their existing staff".

But the Guild of Healthcare Pharmacists recently rejected a two-year pay offer in which the second year increase was below the rate of inflation.

Gerry Looker, section general secretary, says: "It's as if the right hand doesn't know what the left hand's doing. On the one hand the Government is recognising the importance of recruitment and retention, but the pay offer certainly doesn't reflect it. It's very frustrating."

At the time of the first offer in November, the Pharmaceutical Whitley Council management had not even seen a copy of 'Pharmacy in the Future'.

Ian Simpson, the Guild's professional secretary, agrees: "We must persuade the management side that they really need to tackle the recruitment and retention problem."

A glimmer of hope came at the Parliamentary All-Party Pharmacy Group's annual meeting last December, when the Health Minister Lord Hunt said he was keen to drive forward the recruitment and retention programme. It was a problem affecting doctors and nurses as well as pharmacists and "will be a tremendous challenge to put this right".

What hopes for hospital pharmacy?



Hospital pharmacists should be free to concentrate more on clinical care

There is also an urgent need to update the grading structure, which has its origins in the Noel Hall report in the 1970s. Since then the roles of hospital pharmacists have changed dramatically.

The NHS programme says hospital pharmacists should benefit from steps to reward clinical as well as managerial progression. Mr Simpson believes there is also a need to reward properly those pharmacists who

choose to specialise in technical areas such as medical information and quality control. But, again, the management side has been reluctant to talk about it so far.

The All-Party Pharmacy Group, in a report to Health Ministers, praised the system in some hospitals of categorising pharmacists according to experience and ensuring that each category is matched to appropriate tasks. Junior pharmacists with limited

experience provide a basic level of service. Mid-grade pharmacists are involved in clinical problem-solving, teaching juniors and undertaking research and audit. In medical terms they might equate to registrars.

The top grade would be equivalent to consultants. As team leaders they monitor service provision, undertake therapeutic review and run patient care clinics.

The APPG believes this team

approach would lead to better patient care, more efficient use of resources and clearer career development.

Ron Pate, chairman, Whitley Council staff, says it is too early to say what structures would work best but several models are worthy of examination. "What is clear is that current structures are not appropriate," he says.

Another problem is that if the Government recruits more doctors and nurses, will there be enough extra pharmacists to support them?

Says Helen Remington, Guild president: "There is an urgent need to address capacity planning in pharmacy. Trusts are requiring more hours' cover. Clinical services are funded to operate on a part-time part-week basis, but 24-hour, seven days a week services are required."

Even if the necessary labour were funded it might not be available, given the attractions of other health service jobs. "Our culture is to stretch to provide what is needed and our staff suffer burn out," she says. "It is a cultural issue we need to address."

Over 500 pre-registration places are planned for 2001-02, at least 50 per cent more than were available ten years ago. But Mrs Remington asks: "Will these places be matched with additional government funding for new undergraduate student places? If not, we are simply fighting for a bigger share of a too small pool."

Even the increase in pre-registration places is a mixed blessing, because training students takes time and effort on the part of

existing staff. By 2003 all NHS employers will be expected to put the Improving Working Lives standard into action, so all pharmacy staff will be sure they belong to an organisation "which can prove it values its staff in deed as well as in word".

To deliver these expectations, the Government must invest in management expertise, says Mrs Remington. "Again, they must truly reflect capacity in staffing levels, otherwise our staff will not secure that correct work/life balance, that much talked-about flexibility of approach. Extra funds are needed for continuous professional development and flexible working."

An Improving Working Lives team, with pharmacist members, has already started looking at how the hospital sector could be more flexible and enable staff to achieve a better family/work balance.

Improving efficiency

The NHS programme acknowledges the way hospital pharmacists are already preventing waste by re-using the medicines patients bring when they are admitted.

Says Mrs Remington: "The way we mostly incinerate patients' incoming medication, then re-supply for ward

use and supply again at discharge is neither efficient, cost-effective or even sensible. Re-use of patients' own drugs, with accreditation of incoming medicines, makes more sense. But nurses and doctors do not always recognise errors in incoming medication, so if we are to move towards a more routine use of patients' own drugs, we need some risk reduction strategies.

"We need to address the role of our technical colleagues at ward level

and possibly develop new clinical technicians. This again raises the question of technician registration and regulation, of which the Guild is a clear supporter. This is now an issue the profession is expected to fix.

It sits squarely in the clinical governance camp."

The APPG praised a patients' own drugs scheme, which saves around £100,000 a year at St Thomas's Hospital in London. The group observed that pharmacists, despite their expertise in medicines, spend little time with patients.

"That strikes us as wasteful.

inefficient and unlikely to lead to optimal patient care."

Progress towards more cost-effective use of medicines comes with the roll-out last December of a performance management framework. This self-assessment tool will enable acute hospitals to examine their overall strategy for prescribing and medicines management, to see if it could be improved.

One time-saving measure proposed in the NHS programme is the increased use of automation technology. Robots have already made their debut in UK hospitals, and US companies are poised to make an impact on the European market with the ultimate sophistication in dispensing machines.

So if there is no money for pharmacists, where would money be found for expensive equipment? From a different budget, says Mr Simpson. "We could get one-off funding for capital equipment."

While welcoming the Government's programme as a whole, the Guild says its success will depend on rapid recruitment to the currently depleted workforce, and then retention of suitable skilled and motivated staff.

"The Guild will play its part in this, but it also requires an appropriate response from government in terms of increased salaries and improved terms and conditions."

"Our culture is to stretch to provide what is needed and our staff suffer burn out"



Hospital pharmacists who choose to specialise in technical areas should be properly rewarded

NOW there's a clinically proven formula for minor feeding problems¹

Cow & Gate Omneo Comfort is a new infant milk for comfortable digestion and a settled bottlefed baby. It significantly improves symptoms in 94% of bottlefed babies.¹

This innovative product may help the large number of parents who have concerns about minor feeding problems. Available in both Stage 1 and 2 formulations, so it is suitable from birth to 24 months.



Important notice: Breastmilk is best for babies. Cow & Gate infant milks are intended to replace breastmilk when mothers do not breastfeed. It is recommended that Cow & Gate infant milks be used on the advice of a doctor, midwife, health visitor, public health nurse, dietician or pharmacist.

If you would like further information about Cow & Gate Omneo Comfort please call 01225 711746 www.cow-gate.co.uk

Reference 1. Data on file.

For any business to be financially successful, the proprietor needs to concentrate on three main areas – maximising sales, improving gross profit and reducing expenses. In a new three-part series, **Kirit Patel** looks at the principles of effective financial planning management, starting with enhancing sales

Enhancing sales on all fronts

Three main factors can influence the volume of sales a business achieves – the premises in which it is located, human resources and marketing.

Premises

'Location, location, location' may be an old cliché, but it applies to pharmacy just as it does to any other business, if not more so. It is naïve to think that just because your shop is in a particular place it has to stay there for its lifetime. Pharmacy contracts are transferable and should be treated as such. Various factors can influence the location, but sheer complacency should not be one of them.

With the external environment constantly changing, a good location one year may well be the wrong one a few years later, due to changes in shopping patterns and the location of surgeries. Should the situation arise, the risk of not moving obviously needs to be weighed against the cost of moving.

Bear in mind, however, that changes in control of entry mentioned in the future of pharmacy plan, could make the risks of not moving to the best location even greater.

As a guideline – if the cost of relocation, including re-fitting, is £25-£30,000 then this is a small price to pay if your profits can go up £5-10,000 per annum by relocating. It also often helps underpin the future goodwill.

Window display

A pharmacy's shop window is its window to the world and should be treated as such.

It must be dressed every month and not cluttered unnecessarily with posters or goods. Customers form their perceptions of the shop from the window – whether it is value for money or just untidy. Manufacturers spend millions each year supplying display materials – use them. It is also important to invest in some props that can help staff dress windows.

Fascia

No pharmacy should be without an illuminated or an externally lit fascia. It is free advertising for the shop and should be used to the maximum benefit. Further, the fascia should be cleaned externally about twice a year and every three years the old tube light should be replaced.

Shopfitting

The interior of the shop must be clean, tidy and well fitted. It does not need to be expensive, simply practical and uncluttered.

There should be adequate space along the side walls for display stands, but manufacturers' stands cluttering the isles or open space should be avoided. Customers need the freedom of movement and do not like to be cramped.

Eighty per cent of our income is derived from healthcare, so it is important that adequate space is given to the sale of medicines, not toiletries. No manufacturers' stands are free! They cost you the space and loss of other sales. It is often easier to allocate slat panels and display hooks for proper display. The shelves must be laid out to optimise the sale by allowing proper category management.

Dump bins are a useful selling tool for promoting good lines and should not be used for simply dumping half-priced and damaged goods.

Consultation area

All pharmacies should have a clearly defined area for consultation. This should be practical and create an environment of privacy for the customer. The implementation of the NHS plan for pharmacy is going to make them a requirement it rather than an option. We do need to create the right environment for our customers to interact with us in privacy.

Human resources

These are the hidden assets of any business! Properly trained and

motivated staff can greatly enhance sales. Greater effort must be made when recruiting and inducting staff – they are a long-term commitment and should be treated as such.

Staff training and workforce development are often left on the back burner because we are too busy dispensing. However, the staff interact with the customers far more than the pharmacist does. They are at the front line and must be given the necessary equipment and training to optimise their capabilities.

No army, however big, can win a war unless the front line troops are fully trained and equipped. Running a business is no different. On top of that, the new pharmacy plan will make Continuing Professional Development (CPD) and skill mixing a requirement.

There should be clear lines of communication and job descriptions. Regular job appraisals help identify the need for any skills or knowledge and should be conducted twice a year.

There should be clear objectives for the business and the staff should all be made to feel like a team. Only by a cohesive action can a team win.

Marketing

Marketing does not necessarily mean having to spend money on advertising. Marketing is more subtle and an integral part of the business. Some of the marketing is specifically for the enhancement of NHS sales, while others may be for the increase of counters sales, or both.

Local service

The new contractual framework for pharmacy is introducing extra payments for those who provide extra services, at the expense of those who do not. There is to be no new money and prescription fees are likely to be reduced in order to create this extra role.

These new services (eg asthma, anti-smoking, cardio-vascular, anti-coagulant clinics etc) have to be marketed to the relevant health

authorities and additional payment requested. Those who do not sell themselves, or provide these additional services, will soon see sales go down.

Building a bridge

With over 70 per cent of our sales derived from dispensing, it is extremely important to build a bridge with the doctor's surgery and to interact with the doctors and their support staff.

They have immense influence on where the patients have their prescriptions dispensed. Pharmacy owners should be able to carry out a PACT data analysis and assist doctors with the formulary.

Moreover, proactive rather than reactive interaction with the surgery helps to create a bond between the two and can pay handsome dividends.

Brown bag review

Encouraging patients to bring in their medication for a private consultation can help create customer loyalty.

The consultation should include the explanation of what each medication is for, the correct manner in which it should be taken and also cover the general wellbeing of the customer, depending on the illness.

It is almost guaranteed to increase your prescription numbers.

Collection & delivery

I am very much for the former but not the latter. Deliveries should only be made in exceptional circumstances, eg the disabled and the housebound. Prescription collection on the other hand can greatly increase the loyalty and the chances of dispensing the maximum number of prescriptions for each customer. This service should be advertised in the shop window and on the medical counter, as well as in the surgery.

Leaflet drops

Door to door delivery of promotion leaflets, using professional firms, is a useful way of promoting products and services. Leaflets can cover special

offers on photo-processing, baby requisites, perfumes as well as opening hours and professional services, eg collection and delivery etc.

Customer service

Prompt and helpful service by staff encourages repeat business. Part of the staff training should cover the importance of the customer service. Customers like to be remembered by name and this greatest strength of the independents needs to be fully exploited.

All requests for product, information and queries should be dealt with promptly.

In the secondary locations, where most independents are situated, customers tend to be interactive with each other and can help promote or destroy your business, depending on how well or how badly they have been treated.

E-commerce

One thing is certain – e-commerce is here to stay. Now that Lord Hunt has clarified the situation regarding the sale of medication on the internet there will be many new players entering into the world of e-pharmacy. This powerful

tool is a virtual window to the world. Unlike the shop window the web creates a level playing field. You can have a web presence as large as any multiple and use this powerful tool to convert your shop from 500ft² to 5000ft² simply by displaying lines on the web that you cannot stock in your shop. There are several providers enabling independent pharmacist to have a web page (NCL Healthnet) and the National Pharmaceutical Society is shortly launching its own pharmacy on the web programme for members.

Category management

Major multiples and manufacturers spend an immense amount of money on studies to understand customer

behaviour. The category management of each shop should be based on its own customer profile and it is important not to take a broad-brush approach.

The stock and the manner in which it is displayed depend on the local needs. The right balance has to be struck between having too much stock and not being able to display it properly, and having too little and not being able to fulfil the special requirements of the local community.

The pharmacy magazines regularly publish the best-selling products in each category. It is important to allocate space proportionately depending on how well a product sells. The 80:20 rule almost always applies in pharmacy – it is important to give prominence to this 20 per cent of the fastest-moving lines by increasing the facing and putting them on an eye-level shelf.

Block merchandising of products and having related categories next to each other helps customers to self-select products. EPOS is an important tool in managing stock. It not only helps to identify stock movement, but also helps in creating inventory and space allocation.

It is important to have clear segments to aid de-selection. For example, a middle-aged lady does not wish to browse through acne creams when she is looking for a moisturiser. It helps to display all acne creams in one block.

Sign post brands should be used to draw attention to the particular category of products. Placing Oil of Olay, for example, in the middle of all face creams helps to draw attention to face creams. It helps to merchandise in a vertical block rather than horizontally.

Finally, it is important to carry a whole range of a particular product rather than selecting the faster-selling lines: for instance, if you choose to sell Recital, then keep the entire range of colours.

Point of sale material

Proper use of POS displays from wholesalers or manufacturers, or even a POS display you have created yourself, will help to draw attention to a product and could potentially increase impulse sales.

Independent pharmacies generally have a very high footfall due to the dispensing side of the business, and should maximise this to induce extra sales. Listings in the pharmacy trade press of products being advertised on TV and other media can act as a useful guide in this respect (for example, **On TV in C&D's**

Counterpoint section. By drawing attention to these products, the point of sale can jog a customer's memory back to a particular advert, which in turn may result in a sale.

"The category management of each shop should be based on its own customer profile"



Firm format

Choosing the correct legal format for a business is probably the most important choice you can make.

All too often this aspect is overlooked by entrepreneurs who do not envisage their ideas failing. Anyone already in business should take the time to revise what are critically important matters. It is essential that the correct legal format be in place before it is too late to rectify any mistakes.

There are several legal formats for running a business, but the three most common are: the partnership, the sole trader and the limited company. Each has its pros and cons.

Partnership

Unfortunately, over the years the Bankruptcy Association has had hundreds of cases where accountants have advised sole traders to take in their wives or husbands as partners.

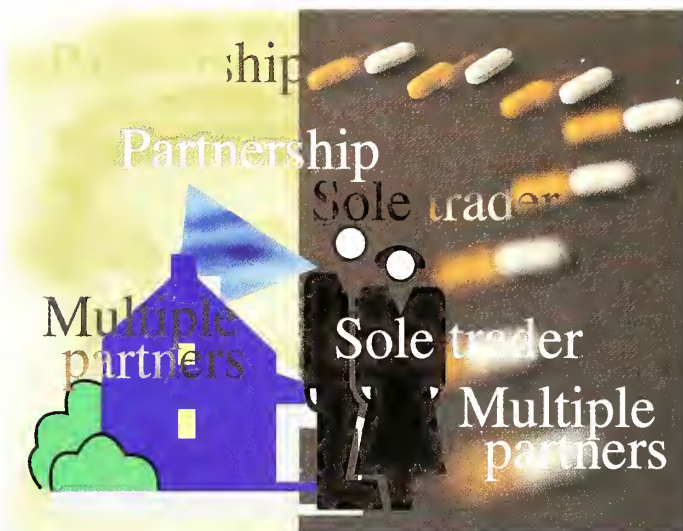
Many couples have found themselves both bankrupt, with the loss of their family home and all of their combined assets, as a consequence of using the incorrect legal format.

Each partner is liable for all of the debts of any partnership. This can be risky if one partner goes off the rails or makes bad business decisions.

If things go financially wrong the creditors can claim against all the partners for the debt. Worryingly, creditors could alternatively claim all the debt from one partner alone. People who leave a partnership can still be liable for its debts if the business fails later.

Some accountants will advise the use of this format without looking ahead at potential disastrous outcomes if a business fails. At best the tax advantages gained from this format are marginal. In any event, they are no fair exchange for the hugely increased personal risks involved in the use of multiple partners.

People may point to the successful use of partnership formats by solicitors and GPs' practices. These are successful because they are usually very strongly financed and extremely carefully managed by senior partners. These partnerships, however, are the exception to the rule.



You want to choose a legal entity for your business – which one would suit you best? **John McQueen** examines the options

Sole trader

This is the most common of the three formats and often the most sensible. Sole traders are individuals. They are personally liable for the debts of that business. If the sole trader is married, their spouse cannot be held liable for any of the business debts.

The advantage of being a sole trader is that it is simple and clear, and tax matters are relatively easy to deal with. Anyone who is running or thinking of setting up a business which involves little risk of financial loss should adopt this legal format.

Risk takers

A word of caution is needed for people operating as sole traders. This format involves real financial risks. They should realise what their position will be should things go wrong.

A small builder with a large overdraft to finance building work is in considerable danger. If a sole trader in this position has a bankruptcy order made against him, he may lose his interest in any jointly-owned property, ie the family home.

It is still surprising how many spouses think that their home is safe in the event of their husband's, wife's or partner's bankruptcy. It is not until a trustee in bankruptcy forces the sale of any jointly-owned property that this misconception becomes apparent.

Anyone intending to go into a business which involves financial risks should ensure that the matrimonial home is in their partner's or spouse's name from the outset.

A trader already in business who has overlooked this matter may gift their share of their home to their spouse. However, certain conditions have to be observed to ensure that this transaction is safe from being overturned in a court of law.

If a person is solvent when the gift of property to a spouse or partner is made, the property is safe provided there is no petition for bankruptcy within the following two years.

If a person is insolvent when the home is gifted to the spouse or partner, five years must pass from the date of the gift before a bankruptcy petition is made for any property to be safe.

Observance of these conditions ensures that the home will be safe during any bankruptcy proceedings.

Since it is the loss of the family home which causes a bankrupt and his family the most distress, it is surprising how many people do not ensure that it is made safe.

Limited company

This is the most sensible format for the intended larger business. Arguably, it is also a better alternative to a partnership business.

Limited companies are responsible for their own debts. They are a separate legal entity from the individuals who own or run them.

With the provision that credit is only obtained for the limited company, the personal assets of those who run it cannot generally be touched if the company becomes insolvent. Run sensibly, this is the ideal format for a risk-taking enterprise.

In practice many directors find themselves with a wide range of financial difficulties when a limited company fails. Anyone running a limited company should ensure that they are fully aware of their responsibilities and liabilities should things go wrong.

Banks and other financial institutions commonly ask directors to give personal guarantees on loans to the company. Such guarantees in effect negate the limited liability benefits of a limited company. If the company cannot pay these guaranteed debts, the home and personal assets of the directors who signed the guarantees are at risk.

Directors of limited companies, however, who are well-informed and who run their business sensibly can hugely reduce any personal financial risks by using this format.

Entrepreneurs should choose the correct format for their particular business based on an informed understanding of the law. It is therefore possible for individuals to enter the risky world of business without putting their personal assets, such as the family home, at risk, or at least to minimise such risks.

Running a business is a dangerous game, the consequences of which can be financially fatal. It is wise to be well prepared.

John McQueen is chief executive of The Bankruptcy Association

The difference is clear

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NORTON
Advantage

Based in the heart of the Wiltshire countryside, Nutricia is best known for its Cow & Gate babyfood, but the Dutch-owned company now hopes to become a major player in the UK nutritional supplements market.

Its parent company, Numico, has declared its intention to become the leading supplier of nutritional supplements in Europe by the end of 2003.

Two years ago, nutritional supplements only made up 7 per cent of Numico's €1.5bn worldwide sales, which were dominated by infant nutrition.

The last two years have seen a complete reconfiguration of the worldwide business – babyfood now accounts for only 20 per cent of Numico's sales and nutritional supplements now provide 60 per cent of the company's €4.5 billion international market.

"Nutritional supplements will now be the growth engine of Numico's corporate business," says Richard Davies, Nutricia's sales and marketing director.

"France and Germany are the two biggest European markets for VMS but the UK is a key strategic market.

"Nutritional supplements (including VMS and sport nutrition) currently account for around 8 per cent of Nutricia's turnover in the UK. We are looking to expand this to around 30 per cent of our business by the end of 2003.

"If we get to where we want to be over the next three years, we will be very close to market leadership in the UK."

Although Numico has its own research facilities in Holland, its main route into nutritional supplements has been through acquiring major VMS companies in the US.

Since July 1999, Numico has bought three US VMS companies – GNC (with its 4,500 retail stores in the US), Rexall Sundown and Enrich.

In the UK, acquisitions have included the Efamol brand and Larkhall Natural Health with its Cantassium and Truefree gluten-free brands.

The US acquisition of GNC has meant that Nutricia has the Health and Diet manufacturing operation in Manchester and around 45 GNC or Health & Diet stores around Britain.

Mr Davies admits that the pace of change has been something of a challenge with a whole crop of new VMS product introductions already underway.

Pharmacy opportunity

The company has just launched its premium-priced Nutricia supplements range in UK pharmacies and some healthfood stores.

Healthy gains



As Nutricia sets its sights on becoming a major player in the VMS market, **Sarah Thackray** talks to Richard Davies, Nutricia's sales and marketing director, about the company's plans to reconfigure its business

"This clinically researched range was developed by Numico Research in Holland," Mr Davies explains. "It will be supported by media advertising in the initial stages, but the main thrust will centre around pharmacy recommendation. We don't intend these products to sit on supermarket shelves as a self-select range.

"However, if we restrict ourselves to that approach, we are going to miss a big chunk of the market. We see a couple of other opportunities within the pharmacy area."

Mr Davies says that the company's plans include broadening the distribution of FSC from healthfood stores into pharmacies. The intention is to focus on 30 key selling products from the range that have been identified as relevant to pharmacies.

"Our new Pokemon children's vitamins are the first of the Sundown VMS range to be launched into the UK," he adds. "The Sundown range is a brand leader in the US and is sold through the mass market on a value for money platform."

The range is not yet available in Europe, but will be introduced to Holland and Belgium this month with the UK launch likely to follow in April.

In the UK, 51 per cent of the VMS market is own-brand in comparison to only a quarter of the market in the US. Mr Davies considers that this high proportion of own-brand suggests

that it is being driven by private label.

"We believe there is an opportunity to increase the branded participation in the UK and drive consumer penetration. Mintel predicts that the UK nutritional supplements market will grow from around £330 million to around £435 million by the end of 2003," he explains.

"One of the opportunities within the whole category is to provide information and education, because the public are not particularly well-informed. People are faced with a fixture with a lot of products and it is very confusing for the consumer."

UK lags behind US

According to Mr Davies, the UK lags behind the US in terms of penetration, education and information in this market.

Research shows that around 44 per cent of the adult population in the UK use a VMS product compared to around 60 per cent in the US.

"The Americans are also much heavier users – instead of just taking one multivitamin product, they take a series of vitamins for their health and wellbeing," he said.

Mr Davies believes that the boundaries between drugs and supplements are beginning to blur. "The EC is looking at this area quite closely and legislation will make it tighter so companies that have

licensed products within their portfolio are potentially in a very strong position.

"We inherited some licences when we purchased Larkhall and we are looking at utilising those licences in some products within our range. Ideally, we hope to have more licensed products but it is a lengthy, expensive and complicated process.

"Numico is a leading company in terms of research and we may choose to patent and licence new products in the future but that is in the longer term."

Mr Davies is aware that his company is entering a very cluttered market, which is currently growing at about 6 per cent by value and 8 per cent in volume.

"There is an opportunity to 'declutter' it," he says, "but retailers will have to get behind products that have investment and a true point of difference. There is a lot of dead wood sitting on retailers' shelves not really doing very much."

He points out that if RPM ceases to exist, price competition will become more and more intense. Premium-quality products that don't operate on a price platform and are bought as a result of recommendation will be a huge profit opportunity for pharmacy.

"In the long term, I don't think pharmacies can compete with the multiple grocery retailers because they'll be outgunned, but where they can compete is on recommendation and on service to their customers."

More acquisitions?

Although Nutricia is likely to make more acquisitions, they will probably not be in nutritional supplements.

"Corporately, enough of our turnover is now in nutritional supplements," Mr Davies explains. "We are quite comfortable with the split of our business."

"The sports nutrition category has real opportunity for growth. We have two main US brands in our portfolio – Met-RX and EAS. We own Met-RX and have the rights to distribute EAS in the UK, so we control a big chunk of the sports nutrition market."

Does all this mean that Nutricia will place less emphasis on the baby market in the future?

Mr Davies denies this. "We want to grow our share of the baby market and have growth targets which are ahead of the underlying market growth," he says. "But baby care is a mature market in Europe and it is fairly flat both in the UK and other parts of Europe."

Our plans don't mean that we won't grow our baby or clinical business – they just mean that we will grow our nutritional supplements business more quickly."

Free legal advice

Chemist & Druggist's web site - www.dotpharmacy.co.uk - has introduced a service that offers pharmacists free legal advice from a leading solicitors' firm.

The service - dotLaw - is being run with the co-operation of Charles Russell, whose specialist legal fields include pharmacy matters.

Pharmacists are advised to e-mail their questions to the following address - pharmulaw@ubmint.com - along with their full name and the name of their pharmacy. The latter two details are for C&D's records only - pharmacists' will be anonymous when the answers are published.

All the questions and Charles Russell's replies, which will be available in two working days, will appear on a new dotPharmacy page called dotLaw.

IN BRIEF

Britannia to distribute RB ethicals
Britannia Pharmaceuticals has been appointed exclusive UK distributor for Reckitt Benckiser's NHS prescription business. The deal does not affect Reckitt Benckiser's OTC brands, which will still be marketed inhouse.

Goldshield buys Traxam range
Goldshield Group plc has acquired the licences, trademarks and know-how for Traxam products in the UK and the Republic of Ireland. The Traxam range comprises the prescription drug Traxam and the OTC product Traxam Pain Relief Gel.

Danish acquisition for Bioglan
Bioglan has acquired Danish generics company United Nordic Pharma and Lægemiddelforsyning, an associated company for Dkr30m (\$2.5m). Half the amount is payable in cash; the remainder is being met by issuing ordinary shares. Further payments may be made over the next three years, if certain profit levels are met.

Phytopharm shares on a high
Phytopharm share prices rose to a record 887.5p after encouraging news about the company's anti-inflammatory component P54. Dose escalation study showed that P54 had stopped bowel cancer spreading in five out of 15 cases. Phytopharm is now considering introducing P54 as a nutritional supplement for preventing colon polyps from developing into bowel cancer. If successful, P54 could be available as a preventative treatment later this year.

New B2B site for generics/PIs

A business-to-business web site - www.indiemed.com - which aims to act as a trading platform for manufacturers and wholesalers of generics/parallel imports, will be launched on January 22.

A version for pharmacists is due to be launched in April.

The web site's owner, indiemed.com, has four shareholders: company start-up group Credo and William Ransom & Sons, each of which has a 30 per cent stake, Alpharma group (whose subsidiaries include Cox Pharmaceuticals) and Intercare Group, who own 20 per cent each.

The initial launch is a test period - indiemed.com hopes to receive users' comments by mid-March.

Five manufacturers and six wholesalers, including the shareholders, are expected to be involved in a pan-European process that will offer three types of trading:

- offers to sell
- requests to buy (options one and two are spot buys)
- contract negotiations, eg for those who want to buy a certain number of products over a certain period.

The products being bought or sold will be auctioned. The terms of each auction will depend on who is setting it. Once the auction has been sealed the parties pay each other directly. Indiemed sends the invoice information,



Simon Bones,
indiemed.com's managing director

eg the buyer will get details of the purchase, the price, credit terms, name of account payable and name of contact for queries.

Companies involved in an auction can arrange to receive e-mails if anyone bids higher than them.

The site, according to indiemed.com, is a response to perceived inefficiencies in current generic/parallel import markets.

Simon Bones, indiemed.com's managing director, said the site could be used alongside companies' established purchasing channels. "They could, for example, use it to deal with smaller suppliers/buyers," he said. "Later we

could introduce a catalogue system, where wholesalers can make small orders. The system knows the manufacturer's price and will credit [the wholesaler] accordingly. This will take out some of the costs of processing orders."

Indiemed.com's revenues will largely come from auction commissions, although it will not charge commissions for the first two months of the site's operation. "We've checked our commission rates with our partners and we know the companies who use us will save money," said Mr Bones.

Another potential revenue stream could be information about buyers' performances. "Multinationals may not know whether their subsidiary buyers are getting the best prices in their particular countries. We can get them this information," he said.

It could also monitor how many times buyers were paying a particular price for products, he added, and could tell whether these buyers had negotiated value for money prices.

The web site will not be carrying advertising, although it may consider doing so later, provided its neutrality is not compromised.

Companies that want to deal through the web site have to prove that they are registered businesses. Indiemed.com checks the e-mail addresses of people signing on.

Manufacturers' info at your fingertips

AAH Pharmaceuticals is launching a communication system, known as EQOS, which will increase supply chain efficiency and give pharmacists access to information from manufacturers, such as details about products and stock levels.

The data supplied by the manufacturers will be complemented by information supplied by AAH on seasonal trends, predicted epidemics and other problems.

"It [EQOS] will bring significant benefits to our pharmacy customers

and ultimately the High-Street consumer," said AAH's director of marketing, Ian Bray.

Use of the EQOS system is free of charge, but pharmacists have to use the AAH Point software to access it. It has been piloted through an internal trial in conjunction with three key suppliers and AAH says that the roll-out of the system throughout its operations is imminent.

AAH hopes to have more than 100 suppliers inputting into the EQOS system by the end of the year.

Roger Brown leaves Phoenix

Roger Brown is to be replaced as managing director of Phoenix Healthcare Distribution. David Cole, currently commercial director for Phoenix Medical Supplies, will take over the reins at Phoenix's wholesale arm at the end of January.

C&D received confirmation of Mr Brown's departure on January 10, with a restructuring of Phoenix Healthcare Distribution being given as the reason.

Roger Brown, departing managing director of Phoenix Healthcare Distribution



Accidental tax evaders beware

The Inland Revenue is about to adopt a much tougher line on incorrect tax returns, using increased powers it was granted under new regulations.

Under a 'fast track law', which came into effect on January 1, the newly-created criminal offence of fraudulent evasion of income tax carries a maximum seven-year prison term.

With the deadline for Income Tax Returns fast approaching, the Institute of Chartered Accountants in England and Wales (ICAEW) warns that mistakes made when completing the forms are increasingly likely to result in prosecution for income tax evasion.

Frank Haskew, from the ICAEW's tax faculty, said that the regulation "amounted to a massive increase in the Inland Revenue's ability to prosecute people".

Mr Haskew added that prosecutions had previously been limited mainly to cases where large sums were involved. This is no longer the case and he warned taxpayers and their accountants to be more careful and to make sure that their tax returns looked acceptable even in court.

Self-assessment tax returns have to be submitted by January 31.

ASDA Walmart £450m stores plan could include five pharmacies

ASDA Walmart is hoping to create a further five pharmacies as part of its £450m store development programme.

Thirteen stores are expected to open this year, among them the first ever purpose-built ASDA Walmart superstore in Swindon, Wiltshire.

A spokesman for ASDA Walmart confirmed that up to five of these may con-

tain an in-store pharmacy, with only the stores in Sefton and Leyton as definite.

The investment is expected to create an additional 600,000ft² in retail space and could lead to up to 5,000 new jobs. One in four ASDA stores will undergo either a renewal or refurbishment and a new distribution depot will be opened in Bedford.

Shire drug wins ten year protection

The European Commission has granted Shire Pharmaceuticals 'orphan drug status' for its second most important drug, analogrelide, a treatment for the rare blood disease thrombocythaemia.

The status, which is specially reserved for medicines for the treatment of rare diseases, prevents other companies from selling rival products for ten years after analogrelide is launched.

In a separate move Shire and CeNeS have signed a research development and licensing agreement for the development of CeNeS's dopamine D1 antagonist for the treatment of Parkinson's disease.

Under the agreement Shire will make milestone payments as well as royalties to CeNeS. Shire will fund all further development work and has made an equity investment in CeNeS of £500,000.

Agency scheme for SB products?

GlaxoSmithKline (GSK) has not made any decision yet about extending the Glaxo Wellcome agency scheme to ex-SmithKline Beecham ethicals. A spokeswoman for GSK said that the company had launched a consultation on the subject and would make a decision after it had received the views of its distribution chain partners.

Meanwhile, GSK launched its new corporate logo and a new web site.

The new corporate identity, created by design agency FutureBrand for a reported £800,000, is intended to reflect an industry leadership position and convey the strength and heritage of the two parent companies.

GSK will include the new identity in all corporate materials, including signage and stationary. The company said



the logo would be introduced on packaging when existing stocks are used up.

The new web site can be found on www.gsk.com, with links to country-specific sites such as www.uk.gsk.com

The latter offers access to general pages focusing on product information and to patient pages linked to the action asthma web site. More links are expected to follow, but a GSK spokesman said that this was a complicated process because of the stringent regulations on direct-to-consumer marketing.

The third component of the site is a password-protected section, which is only accessible to healthcare professionals. Pharmacists who want to access the site will be asked for their RPSGB registration number as identification.

● GSK has announced that David Stout will have overall responsibility for the company's US operations when George J. Morrow, his co-vice president of US pharmaceutical operations leaves the company later this month.

COMING EVENTS

JANUARY 16

Bristol Branch, RPSGB, at the BAWA Leisure Centre, Filton, 7.30 for 8pm. 'Herbal medicines - interactions and ADRs'.

Moray & Banff Branch, RPSGB, at the Laichmoray Hotel, 7.30pm. Speaker: Margaret Ewing MP MSP (Sponsored by Bristol Myers Squibb.)

JANUARY 17

Scottish Borders Branch, RPSGB, at the Abbotsford Arms, Galashiels, 7.30pm. 'Astrophotography' by Dr J Reid, consultant radiologist, BGH.

JANUARY 18

Stirling and Central Scottish Branch, RPSGB, at the Postgraduate Centre, Falkirk Royal Infirmary, 7.15pm. 'Respiratory Disease' by Dr S Wright, consultant physician, and Clare Colligan, hospital pharmacist.

Moneydesk



● I changed jobs last year after working for the same pharmacy for eight years. They have sent me details of my pension benefits with them and I want to know whether I should leave them where they are or move them to my new pharmacy scheme. Can you help, please?

MN, Durham

This is a very complicated area and, unfortunately, there simply isn't a right answer. You need to speak to a pension specialist, who will then write to your new employer to find out what potential future benefits could be bought in the new scheme, and compare this to the most you could get under the old one. Another consideration is

whether a transfer into a plan in your own name might be suitable. Only after a thorough report has been undertaken and all the pros and cons of each option have been set out can you decide.

The most important thing is to find out what your options are and how to best protect your retirement income. Information on a free reporting service is available from 0800 544644.

● I have been running a limited company for three years, along with my wife, who is the company secretary. I have two associates working for me and have agreed that they should also have a stake in the business and become shareholders. My solicitor has suggested life insurance should be taken out in case any of them die, and a special trust should be set up. Can you explain how this works?

TF, Doncaster

What happens on the death of a shareholder is normally set out in the firm's Memorandum and Articles of Association, and typically places an obligation upon the estate of the deceased or

the business to buy the shares in question, generally at the market price. If a standard Buy and Sell agreement is used, then it is simple and clear, but can lead to Inheritance Tax Problems. Your solicitor is suggesting that life insurance policies are taken out on the shareholders' lives, so that enough money is immediately available in the event of death, for shares to be bought by either the individual (or his or her estate) or the company.

The policies should be set up under a Business Protection Trust so that the funds find their way to the right people at the right time. Ring 0800 544644 for a free fact sheet on business protection.

● I am being made redundant in a few weeks' time and will be taking my pension early. I am now 59 and if I take extra cash with a lower pension I will have a total lump sum of around £42,000. Never having had much capital before, I would like some ideas on what I should be doing with it.

SE, Hastings

Two things need your urgent attention. First, you should put the money in a good immediate

access deposit account while you make up your mind, and second, you should speak to an Independent Financial Adviser.

When you stop working, your needs change. Speaking to an adviser will help to clarify what you want out of your money, whether it is providing an extra income to top up your pension or investing it for capital growth. You need a portfolio designed to meet your individual need in the most tax-efficient way.

As everyone's situation is different, there is no single solution, so getting help is important. A free fact sheet on Redundancy Financial Planning is available by ringing 0800 544644.

Hari Sidhu is an independent financial adviser with Weston Financial services, which is regulated by the Personal Investment Authority. These answers are for general guidance only and specific advice should be taken before acting on any suggestions made. All information is based on our understanding of current tax practices. Shares and investments can go down as well as up.

Classified

Appointments £27.00 P.S.C.C. + VAT minimum 3x1. General classified £18.00 P.S.C.C. + VAT minimum 3x2. Box numbers £15.00 extra. Available on request. Copy date 12 noon Tuesday prior to Saturday publication. Cancellation deadline 1 Friday; one week prior to insertion date. All cancellations must be in writing. Contact Debro Thackeray, Chemist & Druggist (Classified), United Business Media Sovereign Way, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Fax: 01732 377179. Internet: <http://www.dolpharmacy.co.uk>. All major credit cards accepted



APPOINTMENTS

Young Pharmacist with an interest in marketing

AHA is a sales and marketing consultancy, which specialises in POM to P switches and pharmacy training.

A vacancy has arisen for a young pharmacist to co-ordinate and run a national pharmacy training programme on behalf of a major multi-national client.

The ideal candidate should have 1 to 2 years experience in retail pharmacy and a keen interest in marketing and the future of the pharmacy profession.

The position would suit a self-motivated high energy person with excellent interpersonal and presentation skills.

The salary is negotiable for the right candidate and a company car is provided.

If you are interested in this opportunity to join a dynamic, rapidly growing company please apply in writing giving full career details, references and current salary to:

Alan Hicks, Managing Director, AHA Sales & Marketing,
16a St Marys Street, Wallingford, Oxon, OX10 0EW.
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Please Note More Appointments on Page 31

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Pharmacy Directorate

Plymouth Hospitals NHS Trust is a tertiary centre providing a full range of services to a population of 480,000 with a record of success and an ambitious programme of development.

The Pharmacy provides comprehensive pharmaceutical services, including a wide range of clinical and technical specialities, to Plymouth Acute and Community NHS Trusts (total 2,000 beds) and their broad range of medical specialities. The department is based in a modern, well equipped department and employs over 90 wte staff. Applications are invited from suitably qualified Pharmacy Technicians, BTEC, NVQ or equivalent.

Lead Pharmacist

Medical Directorate Grade E with EDC

An exciting opportunity has arisen for an experienced Clinical Pharmacist to spearhead the pharmaceutical services to the Medical Directorate. Through personal practice and by leading a team of clinical pharmacists you will be responsible for:

- the development of clinical and ward based services to promote the optimum use of drugs and pharmaceutical resources
- the development of initiatives to promote the seamless transfer of patients from secondary to primary care
- the development of initiatives to contain/control drug expenditure
- a pro-active approach to identifying and managing clinical and pharmaceutical risks within the directorate
- providing support and training to pharmacy staff and other health care professionals within the directorate.

We are looking for an experienced Clinical Pharmacist with:

- a post graduate qualification who can demonstrate a commitment to developing pharmaceutical services
- a proven record of working well with clinicians
- the ability to implement change
- basic IT skills.

The department is committed to continuous personal development and the opportunity for further study can be provided.

The position will be accountable to the Clinical Pharmacy Manager (and ultimately the Chief Pharmacist) in conjunction with the Medical Directorate Manager.

The Trust will also offer a generous relocation package together with excellent temporary staff accommodation if necessary.

Pharmacist

Technical Services/Surgical Team

Grade C/D with EDC (dependent on experience)

The pharmacy technical services department holds an MCA Specials Manufacturing Licence and supplies an extensive service to both the Trust and commercial customers in excess of 70,000 dose units per year. Due to the reconfiguration of service a new position has been created to help supervise the provision of a range of aseptic services including CIVAS, TPN and cytotoxic reconstitution. You will also assist in the provision of clinical services to the surgical directorate with a special interest in TPN.

The Trust is committed to continuing professional development and training will be given as required. The opportunity to commence the Pharmaceutical Technology and Quality Assurance Course at Leeds (MSc) will be offered to the successful applicant.

Temporary staff accommodation is available if necessary.

Rotational Pharmacist

Grade B/C with EDC

(If commencing at grade B you will be reviewed each six months and re-graded to C after successfully completing an assessment.)

An ideal opportunity for an enthusiastic Pharmacist to gain experience in

a wide range of pharmaceutical activities in a large and busy department.

Training in a wide range of specialist areas will be provided and opportunities for experience within Drug Information, Technical Services and primary care will be provided.

The department is committed to continuous personal development and opportunity for further study will be provided.

The Trust will offer you generous benefits including payment of Royal Pharmaceutical Society of Great Britain registration fees, temporary free accommodation and sponsorship for training courses including the Diploma in Clinical Pharmacy.

Pharmacy Technician

Technical Services MT02 - MT02**

This position offers a varied rotation within technical services. You will contribute to the provision of CIVAS, TPN, cytotoxics, aseptic and non-sterile batch production and high tech homecare services. Ideally you will have experience of aseptic preparation but training can be provided to less experienced candidates to enable them to achieve the two discretionary points available with this position.

Pharmacy Technicians (Rotational) (Part-time and full-time)

MT01/MT02** (dependent on experience)

We offer you the opportunity to develop your skills and experience in dispensing and distribution, sterile and non-sterile production (including adult and neonatal TPN and cytotoxic reconstitution). Technicians are encouraged to participate in the Regional Accredited Technician Checking Scheme, completion of which will lead to MT02** grade.

We are currently developing the role of the Technician within the department and wish to push forward the boundaries of clinical technicians.

For further information regarding the Lead Pharmacist and Rotational Pharmacist contact Simon Mynes, Clinical Pharmacy Manager on 01752 763403 or Simon Riley, Chief Pharmacist on 01752 763401.

For further information regarding the Rotational Technician contact Julie Coombe, Senior Technician (Dispensary) on 01752 763416 or Simon Mynes (as above).

For further information regarding the Technical Services vacancies contact Jan Loving, Technical Services Manager on 01752 763429 or Simon Mynes (as above) to discuss clinical input to surgery.

An information pack, application form and job descriptions are available from Linda Rixon, Pharmacy Office Manager on 01752 763408.

The closing date for completed application forms is 29 January 2001.

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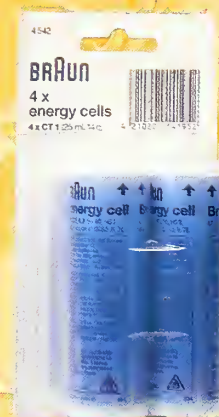
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TRADE LESS 30%+VAT - 6x60 Zydol SR 150mg (exp 6/01), 6x28 Plavix (exp 4/02), less 50% - 10x28 Cozaar (PI) (exp 7/01), 4x Zyprexa 7.5mg (exp 4/02), 10x28 Lamisil (exp 4/04). Tel: 020 7272 3967.

TRADE LESS 50%+VAT - Seroquel 20mg tabs (exp 12/01). Tel: 020 8904 6760.

TRADE LESS 25%+VAT+postage - 3x60 Seroquel 200mg (exp 1/03). Tel: 020 8845 5967.

TRADE LESS 30%+VAT - 2 x Qvar 100 auto-haler (exp 4/01&9/01), 1 x Qvar 100

aerosol (exp 11/01), 30 Innohep syringes, 1x90 Trental 400mg (exp 1/03), 1x50 Trental 400mg (exp 1/03), 1x50 Trental 400mg (exp 6/03). Tel: 0116 2872832.

TRADE LESS 30%+VAT - 12x28 Diovan 160mg (exp 11/02), 2x60g Dovonex ointment (exp 12/01), 2x60ml Baxan suspension 500ml/5ml (exp 11/01), 1x28 Diamox SR caps 250mg (exp 1/02), 2x100 Hexopal 500mg (exp 11/01), 1x Proctofoam HC (exp 1/02), 20x3.5g Aureomycin eye ointment (11/04), 1x14 Zoton capsules 30mg (exp 4/02), 12x15 Voltarol eye drop (exp 6/02), 1x10 Clotam (exp 1/02), 1x28 Femulen (exp 6/03), 1x21 Cycloprognova (exp 3/02), 1x150ml Molipaxin liquid (exp 6/01). Tel: 01765 690 888.

EXCESS STOCK CAUTION

Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history and conditions of storage, and keep a record of such purchases.

Back issues

The Queen is dead

C&D of January 26, 1901, paid tribute to Queen Victoria, who died that week.

That week's editorial claimed that, "rarely has a nation been so blessed in a ruler as we have been in Queen Victoria". It paid particular attention to ways in which she had promoted the profession.

Before Victoria was crowned in 1837, chemists and druggists had been an unrecognised and disorganised body. When she appointed a chemist and druggist to the staff of the Royal Household, "she did an important service to pharmacy in recognising the practice of the art by a body distinct from apothecaries".



Queen Victoria, from a portrait taken in her diamond jubilee year of 1897

The Queen's friendship with the Pharmaceutical Society's first president, William Allen, was instrumental in the granting of its Royal charter in 1843. *C&D* felt that the profession's royal connection was essential to its success and the editor could not praise Victoria enough: "The beginnings are everything in an organisation, and now that the long reign of our Queen is closed by death we feel that chemists and druggists generally will agree with us that these incidents of her early years deserve emphasis."

While none of our readers will remember Queen Victoria's reign, many will remember when pharmacies used to sell a lot of sunglasses. In fact, there was such demand for this vital fashion accessory during the 1970s that a January 1976 *C&D* saw a whole supplement dedicated to them.

Top tip for that summer was photochromics – lenses that darken in sunlight. One pundit even predicted that they would account for 30 per cent of the European market over the following three years.

Polaroid predicted an end to intricate designs and decorations for the highly fashion-conscious, but with plenty of bright textured colours – stripes, mottles etc – for the popular fashions. Groovy!

Sales of the (last) century

Ulster pharmacists who were working between 1914 and 1922, or people who worked in a pharmacy at the time, are wanted for a television programme being filmed for BBC Northern Ireland.

The producers want to film first-hand recollections if possible, although pharmacists surviving from the period are now very old. They would also like to hear from the children of pharmacists of the time.

Of particular interest is the flu epidemic of 1918, branded medicines that were new at the time but are still around today, and the advertising of pharmacy beauty products.

The show will be one of a series, provisionally entitled 'Sales of the Century' and is due to be broadcast later this year.

If you think you can help, call Grainne McCotter at Stirling Productions on 028 90 333848.

Gehe UK has appointed **Mark Schneider** as group finance director. A Harvard Business School graduate, Mr Schneider previously worked for Gehe UK's parent Haniel, where he was vice president of business development for North America. ColourCare has appointed **Fiona Howard** to the newly created post of marketing manager – Ms Howard was the company's group customer care manager, although she will remain responsible for this area too.

Donald Macarthur, a pharmacist, has been named secretary general of the European Association of Euro-Pharmaceutical Companies, the pan-European group of national associations and companies involved in parallel imports.

Irish community pharmacist **Aidan O'Shea**, of Blackpool, Cork, is now president of the Pharmaceutical group of the European Union (PGEU). The organisation represents community pharmacists in all 15 EU states and a further 11 other European countries. Mr O'Shea has represented pharmacy at a national level in several capacities, including President of the Irish Pharmaceutical Union. Vice-president is **Bill Darling**, head of the UK delegation to PGEU, who will succeed to the presidency in 2002.



Mark Schneider

A consequence of devolution

One of the nice things about devolution is the revival it has brought about in the celtic languages. However, the linguistic pitfalls that cross-border agencies can fall into was delicately illustrated at the Royal Pharmaceutical Society Council meeting last month.

Colin Ranshaw, chairman of the Welsh Executive, who is now entitled to a seat at the Council table if there is one spare, was commenting on the practice guidance issued by the Society on EHC as a Pharmacy medicine. Mr Ranshaw said that in Wales there would be a problem with the aide-memoire and the consultation card – it would have to be printed in Welsh as well.

"Reference has also been made in the document to an assessment tool. That would make it a technical document, and therefore it would not have to be printed in Welsh, so the Society should be careful what it called it."

The pitfalls that are set to trap our administrators grow deeper all the time!

Tim's Aston Martin pic goes global

Grimsby pharmacist Tim Cottingham has a bit of a thing for Aston Martins.

Previously we have reported on his Aston Martin Picture Gallery web site www.astonmartins.com. He now tells us that one of his pictures has been selected for the front cover of a Sony PlayStation game, '007 Racing'.

Game manufacturer Electronic Arts found Tim's web site and decided they would like to use one of the pictures Tim took of the Aston Martin DB5 used in the making of the 1995 James Bond film 'Goldeneye'. With a bit of electronic enhancement, the picture takes pride of place on the pack which is being sold around the world.



Tim mentions there was some financial negotiation, but he also received a copy of the game before it was released in the UK. While not having a PlayStation himself, his brother has one, suggesting the Cottinghams could have become RSI experts over the Christmas break.

...to this. Tim Cottingham's picture of an Aston Martin DB5 is transformed for the PlayStation game 007 Racing

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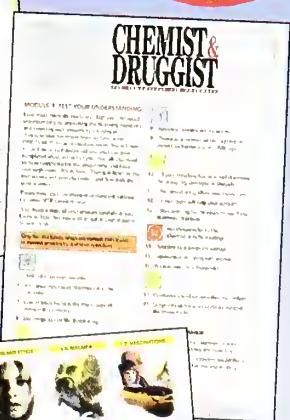
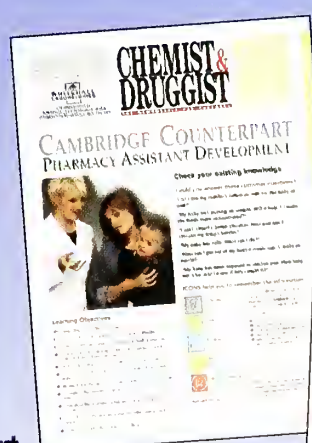
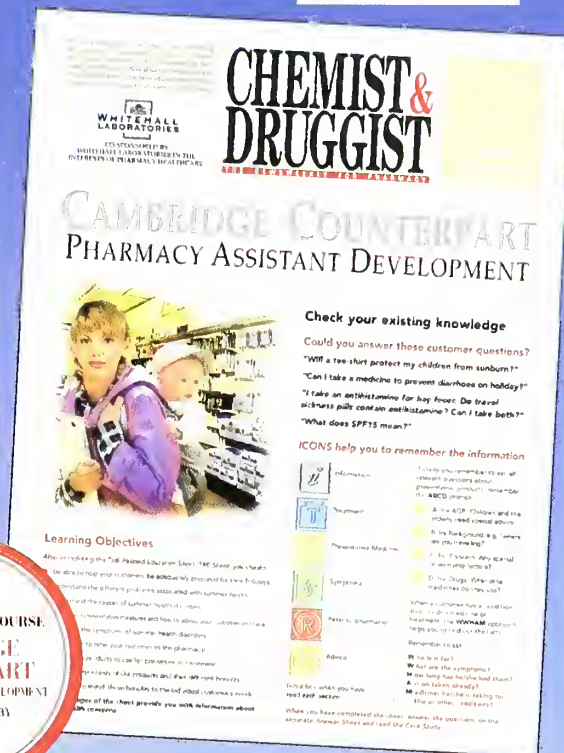
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